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Child Welfare

91 Years of Excellence 1922 - 2012

Special Issue

**Services for Native Children and
Families in North America**

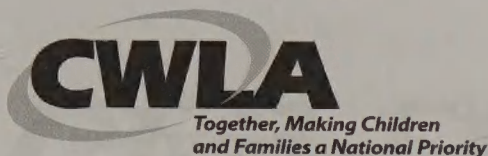
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From the Editor: Remembering Lost Bird

When I became the director of the National Resource Center for Permanency more than eleven years ago, I realized that our scope of work included conducting technical assistance to states, territories, and tribes; while I knew quite a bit about how child welfare worked in states, I knew almost nothing about Indian child welfare. Determined to increase my knowledge so that our NRC could work effectively with tribal child welfare systems, I experienced two very significant events that forever changed my view of Indian child welfare. The first occurred when I visited Montana, where my friend and colleague Kathy Deserly, director of the Indian Child and Family Resource Center and one of the nation's foremost experts in child welfare services to tribal communities, brought together a group of Indian people (at my request) to educate me about the realities of their lives. I will never forget the stories of those brave men and women who recounted, tearfully in many cases, the pain that they still felt about their experiences with Indian boarding schools and about time spent in a foster care system that actively worked to discourage them from their tribal traditions and culture.

My second transformative experience occurred when I read a life-changing book by Renee Sansom Flood, *Lost Bird of Wounded Knee: Spirit of the Lakota*. In the spring or summer of 1890, Lost Bird was born on the prairies of South Dakota. Fate took her to Wounded Knee Creek on the Pine Ridge Reservation on December 29 of that same year.

On that tragic day, hundreds of Lakota men, women, and children died in a confrontation with U.S. troops; a woman who likely was Lost Bird's mother was among them. Four days after the massacre, a rescue

party found the infant, miraculously alive, protected by the woman's frozen body.

The infant was passed from one person to another, and her sensational story attracted the attention of powerful white men. Eventually, this living "souvenir" of Wounded Knee ended up in the hands of a National Guard general, Leonard Colby, who adopted the child without the knowledge or consent of his suffragist wife, Clara Bewick Colby. The baby's original name had disappeared on the killing field, along with her chance to grow up in her own culture. She became, literally and figuratively, *Zintkalala Nuni*, the Lost Bird.

Zintkalala's childhood was marred by her exposure to racism, possible abuse from adoptive relatives, and the indifference of her adopted father. Poverty entered into the mix when Colby abandoned his wife for the child's nursemaid/governess and failed to provide adequate support for his family. The increasingly restless child endured miserable stays with relatives and at boarding schools, and grew more and more challenging for her mother to control.

At age 17, Zintkala was sent back to her father and his new wife in Beatrice, Nebraska. The result was disastrous. A few months later, Colby placed his now-pregnant daughter in a stark and severe reformatory. Her son was stillborn, but Zintkala, for some reason, remained in the facility for a year.

Zintkala eventually returned to her mother. She had a number of careers during her short life: work with Buffalo Bill's Wild West Show, various entertainment and acting jobs, and possibly prostitution. Three times, she managed to visit South Dakota in search of her roots, but was not warmly welcomed.

By 1916, Zintkala was living in abject poverty. She fell ill in early 1920, as an influenza epidemic swept across the nation. On February 14, Valentine's Day, she died.

Clara Colby tried to raise Zintkala as a white girl in an unaccepting society and tried to erase her unceasing attraction to her Lakota culture. In the end, Zintkala was rejected by both.

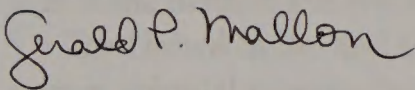
In an effort spurred in part by author Renee Sansom Flood, Lost Bird finally "came home" in 1991—her grave was found in California, and her remains were returned to South Dakota and buried at the

grave site at Wounded Knee. Her tragic story led to the organization of the Lost Bird Society, which helps Native Americans who were adopted outside their culture find their roots. During her brief life she endured sexual abuse, violence, prostitution, and rejection by her own tribe before dying at age 29. Lost Bird's story helps us to remember all those Native American children who lost their heritage through adoption, social injustice, and war.

As I read the wonderful articles for this special issue of *Child Welfare*—edited by Terry Cross, another pioneer in the Indian child welfare movement—I thought about the sadness that Lost Bird had endured, and about those men and women who I met more than a decade ago in Montana. The disconnection, the pain, and the loss that many Indian people have felt from the child welfare system—no matter how “well intentioned” that system's motives were at the time—is wrong, is hurtful, and has allowed many children and families to suffer.

What remains today is the need for leadership of, and support for, Indian child welfare concerns and efforts. Organizations like the NRC for Tribes, about which Cathryn Potter writes in the penultimate article of this collection; and the National Indian Child Welfare Association (NICWA), of which Terry Cross serves as executive director, reflect that concern and support.

It is our hope that this special issue provides a collection of articles that offer our readership a unique perspective on contemporary child welfare research, policies, and practices with Indian communities.



Gerald P. Mallon DSW
Senior Editor

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Special Foreword: *We Are the Manifestations of* *Our Ancestor's Prayers*

Colonialism infuses the experience of First Peoples around the world, across the past, present, and future continuum. Its destructive force extends past First Peoples, eroding the understanding of non-Aboriginal peoples and to diminishing the fundamental national values of democracy, freedom, justice, and dignity for all, even in the most developed nations. For a colonial power to be successful, it must take the land, control the natural resources (especially food and water sources), suppress self-governance, delegitimize culture (language, spirituality, education, and so on)—and, finally, it must take the children. Every colonial power across the world has done these things, and in the process has established policies and infrastructure that have held the colonial relationship in place over time. Child welfare policy and practice has been no exception; it has just recently begun to acknowledge its colonial culture and take steps to address it in some parts of the world.

The United States and Canada are seldom thought of as contemporary colonial powers—unless, of course, you are among its First Peoples. Every day, we experience the manifestations of colonialism in the form of limited jurisdiction, restraints on our right to protect our own children, disproportional placement of our children, health and social disparities, and inadequate funding provided for First Nations and tribal services. Much of this oppression is legitimized and systematized within government policies and emboldened by a lack of knowledge among non-Aboriginal peoples about the disadvantages

that First Peoples continue to face simply because of who they are. Colonialism is a choice. As child welfare organizations and the public increase their awareness of colonialism and its active diminishment of First Peoples, there develops an irrevocable responsibility to stand with First Peoples to acknowledge the past, learn from it, and set a course for a relationship that is characterized by mutual respect, justice, and peace. There is a lot of strength to build on. First Peoples have successfully resisted colonialism, and although much damage has been done, there is strong resolve to prosper as distinct peoples who make important contributions to our communities and to other peoples of the world. There is also a growing number of non-Aboriginal allies who are stepping forward on both sides of the border to demand the end of inequitable government policies that erode the human rights set out in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the United Nations Committee on the Rights of the Child General Comment 11 on the Rights of Indigenous Children. Both of these documents affirm the rights of First Peoples to claim and control our lands and resources, and to receive proper compensation in the case of irrevocable loss, to maintain our sovereignty, to maintain our cultural ways of knowing the world—and, most importantly, to claim our right to care for our children. Some countries, like Canada, view UNDRIP as an aspirational document that is not binding; however, Canada cannot escape its responsibilities to uphold Indigenous peoples' rights because the fundamental nature of those rights is protected in numerous international human rights conventions to which Canada and other countries are legally bound. There is much current discussion on reconciliation, and some frame that within a discourse of decolonization. The problem with limiting the discussion to decolonization is that it centers on colonialism versus the pursuit of freedom and the inherent rights that are at the center of the enterprise.

We propose a discourse of reconciliation based on the recognition of inherent rights and freedoms that support Indigenous peoples in the reclamation of their cultures, languages, and children in ways consistent with UNDRIP. This pursuit requires a firm rejection of the colonial versions of reality that have been perpetrated in the

name of history and continue to exist in some classrooms in our countries. We must also demand that respectful and accurate studies on First Peoples be made mandatory for all university students, with a particular focus on those who will be working in areas where First Peoples are represented. The truth is that social workers of the past, and still some of the present, have been of mixed intent. Like Colonel William Pratt, who established the government boarding school era in the U.S. with the motto, "kill the Indian, save the man," the child welfare field has been driven by a passion to save our children despite the impact on families, communities, and cultures. Moreover, the growing discourse on evidence-based practice has failed to align child welfare with the pressing factors of poverty, substance misuse linked to colonization, and poor housing that undertow the success of Indigenous families. Colonialism brought us poverty, disease, hunger, addiction, trauma, and social workers who too often codify these structural disadvantages as personal or cultural deficits. The "Sixties Scoop" in Canada and the transracial adoption project in the U.S. compounded already-devastated societies. Sadly, those efforts were led by the publishers of this journal.

Ten years ago, following years of advocacy by Indian advocates, the Child Welfare League of America (CWLA) issued an apology for their role in that era and the negative impacts on our children, families, and nations. Following that apology, the National Indian Child Welfare Association (NICWA) and the First Nation Child and Family Caring Society (FNCFCS) declared to CWLA that the apology would only truly be given meaning if CWLA acted in ways that respected Indigenous peoples' rights and promoted the advancement of their self-determination. Much to the credit of CWLA, it met the challenge, becoming an ally on advocacy issues, encouraging and facilitating state compliance with the Indian Child Welfare Act (ICWA), and including tribal content in their conferences and publications. Over 7,800 non-Aboriginal Canadians have also taken up the challenge by agreeing to actively witness a human rights case brought by First Nations against the Canadian government alleging that the systematic underfunding of child welfare on reserves amounts to racial discrimination against First Nations children. This

grassroots engagement and the growing support of social work organizations across Canada has been very positive, and could be further emboldened by more national leadership by non-Aboriginal child welfare organizations.

In 2005, First Peoples and non-Aboriginal leaders in child welfare came together to develop a set of constitutional principles set within a reconciliation framework to guide the reformation of child welfare for Indigenous children. These principles are summarized in a document known as *Touchstones of Hope: Reconciliation in Child Welfare for Indigenous Children, Youth and Families* (Blackstock, Cross, Brown, George, & Formsma, 2006). The five constitutional principles (self-determination, culture and language, holistic response, structural interventions, and non-discrimination) are set within a four-stage process of reconciliation (truth-telling, acknowledgement, restoring, and relating). A comprehensive toolkit for Indigenous communities and non-Aboriginal child welfare providers was later developed to engage Indigenous communities in identifying the characteristics of healthy families and children in their distinct cultures and using this as the driving vision for child welfare reformation. Touchstones of Hope are being used on both sides of the borders to inform child welfare change, with the most vigorous and positive examples being the State of Alaska and northern British Columbia.

This special issue of *Child Welfare*, devoted to American Indian, Alaska Native, and First Nations peoples, celebrates ten years of truth and reconciliation and profiles many of the Touchstones principles and reconciliation processes. It is outward and visible evidence that decolonization of child welfare has begun. The articles in this issue, together, tell a story of Indigenous peoples embracing their rights and engaging with non-Aboriginal peoples to uphold those rights.

The process of reconciliation requires courageous conversations. Social work is a field of benevolence that is both a strength and a source of trepidation, as it can mask meaningful discussions about who is being helped and for what purpose. For example, we know that some in mainstream society experience the reclaiming of our children and our Indigenous rights to protect them as an indictment of their loving efforts to help. To those who have loved and cared for

our children, we say thank you for stepping up. Now, however, it is time to step up in another way and reject a system that continues to perpetuate harm through disproportionate placements, failure to comply with ICWA, the long-standing funding inequities on reserves in Canada and the U.S., tolerance of persistent structural risks, and limiting of tribal jurisdiction.

Today, the Indigenous adults and young people who have lived through a devastating history of colonialism (unfortunately, many have not) and continue to be touched by the colonial vestiges in child welfare are looking for their true identities and are still suffering the trauma of separation and loss. Grandmothers, grandfathers, aunts, uncles, sisters, and brothers who saw them taken, never to be returned, suffer as well. The true impact of the cruelty of colonialism in the child welfare system is now being expressed by the voices of the adult children themselves, and we must honor these messages by redoubling our efforts to align child welfare to the Touchstone principles and to the factors that disadvantage Indigenous families. We will not ignore them, and we will not cease our efforts to demand universal engagement in reconciliation by child welfare organizations in the U.S. and Canada to stop the harms associated with unwarranted removal of our children.

It is easy to see the mistakes of the past, even if it is sometimes hard to accept them. It is much harder to see the mistakes of today. Now, almost 40 years after the first efforts of tribal people to reclaim child welfare, we know that the policies of the past were undisputedly harmful. Forty years from now, we are sure that later generations will see our flaws. Over-use of foster care will, in all likelihood, be viewed in the same light as the residential and boarding schools. We hope that the readers of this journal will genuinely assess their policies and practices and support Indigenous peoples of the U.S. and Canada in our desire to take care of our own children, to make our families whole, and to make our communities places where our people can thrive.

We are deeply grateful that with the publication of this journal, CWLA renews its commitment to acknowledging the harms of the past and to being a partner and ally in a preferred future: A future where

the health, happiness, and well-being of the Indigenous children of North America are unencumbered by the lies of post-colonialism. Together, we can make the lives of American Indian, Alaska Native, and First Nations children better. The evidence is in this journal.

Terry Cross

Director, National Indian Child Welfare Association

Cindy Blackstock

Executive Director, First Nations Child and Family Caring Society of Canada

Truth, Healing, and Systems Change: The Maine Wabanaki-State Child Welfare Truth and Reconciliation Commission Process

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Maine state child welfare staff understand the Indian Child Welfare Act requirements, yet their knowledge of Wabanaki history is limited because it has excluded the voices of the Wabanaki people. A group of Native people and state representatives are creating a truth and reconciliation commission process in Maine, designed to reckon with this history as a way of improving the child welfare system and promoting healing for Wabanaki children and families.

The dominant narrative in Maine is that Wabanaki people aren't able to take care of their children, that it's best to leave the past in the past, and that the state and tribes cannot work together as equals. Although this narrative was constructed by the dominant white culture, Native people have internalized these messages and have become complicit with their own consequential invisibility. The dominant society benefits from the fact that Native people were colonized and continue to be invisible. There are thousands of Native people whose experiences with the child welfare system have been silenced. Denise Yarmal Altvater, a Passamaquoddy woman, embodies the Maine truth and reconciliation process because of her experience as a child in Maine foster care during the 1970s, her courage to tell her story and create change, and her advocacy for Wabanaki children and families.¹

On May 24, 2011, a Declaration of Intent to establish a truth commission process around Wabanaki experiences with State child welfare was signed by the Maine governor and five Wabanaki chiefs. On June 29, 2012, these leaders signed Mandate for the Maine Wabanaki-State Child Welfare Truth and Reconciliation Commission. This TRC was formed to investigate the experiences of Wabanaki people with the Maine state child welfare system and to promote healing and lasting change for Wabanaki children and families. This process will give voice to the stories of Wabanaki people and incorporate them into a new dominant narrative about this history in an effort to work toward creating a better child welfare system for Native children and families. The TRC's investigations will focus on the period from passage of the 1978 Indian Child Welfare

"There are seven prophecies of the Wabanaki, and we believe that we are currently in the time of the seventh fire. New people will emerge to retrace the steps of our ancestors, find what was lost and light the eternal fire of peace. We were told of a great healing that would start in the east and move to the south during the seventh fire. We would know when that time has come because the heartbeat of our Mother, through the drum, would once again be heard. The drum was lost for many years. It was the youth who brought the drum back and the youth who continue to honor it."

Denise Yarmal Altvater (Denise)

1 Denise's story and perspective is woven throughout this article to provide humanity.

Act (ICWA) to the authorization of the TRC Mandate. This investigation will include information that contributed to the passage of the ICWA in order to put that history into a proper context. The Maine TRC represents the first truth and reconciliation commission within U.S. territory that has been collaboratively developed between Indian nations and a state government with a focus on Native child welfare issues.²

This article presents the beginning of the reconciliation process—the people, the events, and the aspirations.

The Wabanaki People

The Wabanaki, or “People of the Dawn,” are the first people of the area known today as Northeastern New England and Maritime Canada. Historians claim that the Wabanaki have lived on this land for more than 12,000 years; oral history asserts they have been here since the beginning. They defined their richness by the health and balance of their people, their relationship with the land, and their ability to ensure the health and well-being of their people in practical ways. At the core of Wabanaki culture are strongly held values of generosity and reciprocity; life depended on cooperation, and relationships were created and maintained through routine sharing.

Since first encountering Europeans during the 15th century, Wabanaki communities have experienced significant population depletion. Disease is listed as the primary cause of this decline, but the Wabanaki were also ravaged by forced removal from their lands, decimation of their traditions through Christian conversion, warfare between Europeans, and the bounty placed upon their scalps by the colonists. There were more than 20 tribes of the Wabanaki Confederacy. There are only four tribes still in existence in Maine; over 16 other tribes were completely destroyed (Sockbeson, 2011). Within the remaining four tribes, there are nearly 8,000 tribal members alive today.

2 The first TRC in the United States took place in Greensboro, North Carolina and was a grassroots effort supported financially in part by the Andrus Family Fund, which also funds the Maine TRC.

Maine Indian Claims Settlement Act

The Maine Indian Claims Settlement Act (MICSA) of 1980 resulted from a lawsuit brought by Wabanaki tribes asserting “claims for possession of lands within the State of Maine and for damages on the ground that the lands in question were originally transferred in violation of law” (Maine Indian Claims Settlement Act, 1980). Tribes held that small landowners should not be displaced and limited their claim to only large landowners (with at least 50,000 acres). Mainers panicked, as “rhetoric was reported in newspaper articles that, as often as not, were accompanied by maps showing two-thirds of Maine marked by the kind of cross-hatching used to depict zones of military occupation.” (Brodeur, 1985)

The federal courts found merit in the claim, and after three years of negotiations, the tribes, the federal government, and the state reached an agreement. Times were desperate, Wabanaki people lived in poverty, and many tribal members sincerely welcomed the settlement, thinking it was a chance at real justice. These negotiations resulted in two laws, the state Maine Implementing Act (MIA) and the federal MICSA (Maine Implementing Act, 1980). These laws created a unique jurisdictional relationship between the state of Maine and the tribes.

The MIA created the Maine Indian Tribal-State Commission (MITSC), an inter-governmental entity whose principal responsibility is to review the effectiveness of the MIA and the relationship between the tribes and the state (Maine Indian Tribal State Commission, 2011).

Native Children and Child Welfare in North America

From the 1870s until 1996, tens of thousands of Native children were taken to government-funded and/or church-run residential schools across North America, often against their parents' wishes, which eliminated parental involvement in the development of their children. Native children were taken far away from their communities, stripped of their cultural identities, punished for speaking their language and abused physically, emotionally, mentally, and sexually. While many

died in these schools, there are thousands of former students living with the lasting impact (Truth and Reconciliation Commission of Canada, 2011). According to Abadian,

The collective traumas of colonization affected nearly 100% of indigenous peoples. Healthy childrearing practices were disrupted or warped by involuntary boarding schools. Native spiritual practices and traditions were banished and missionaries often replaced them with foreign religious forms that tore apart the community's social cohesion. It is like an epidemic hitting a society when its doctors and healers have been exterminated. No one escapes the ravage (Lambert, 2008).

Wabanaki people are among the residential school survivors, but even more Wabanaki people were separated from their families and communities through adoption, foster care and placement in orphanages.

Studies conducted by the Association on American Indian Affairs between 1969 and 1974 found that 25 to 35 percent of all Indian children were being removed from their homes (Brown et al., 2000). The Indian Adoption Project was a joint effort between the Child

"I was in third grade with five sisters. One day two station wagons pulled up to our house. No one was home with us kids. They (social workers) put our stuff in garbage bags and they took off with us and didn't say a word. I don't remember ever being in a car before. Back then the reservation didn't have paved roads, running water, or electricity. At that moment it almost felt to me like my world had blown up."

Denise

Welfare League of America (CLWA) and the Bureau of Indian Affairs (BIA) in which hundreds of Native children were removed from their homes and communities to be adopted by white families. This ten-year experiment began primarily in the New England states in 1958 as an attempt to "rescue" Native children from their own culture (Bilchik, 2001). The foster care system was another wave of assimilation and epistemological genocide that Native people endured: "The kinds of traumas that Native North American peoples have experienced are among the worst; the fact that they have survived at all speaks to their resilience" (Lambert, 2008). A 1972 CWLA study of the Indian Adoption Project concluded what Native people already knew: that this policy was "the ultimate indignity that has been inflicted upon them" (Bilchik, 2001).

Early Reform Efforts

The United States Congress responded to Indian activists' advocacy work by passing the 1978 Indian Child Welfare Act (ICWA), which codified higher standards of protection for the rights of Native children, their families, and their tribal communities. Congress stated that "Child welfare agencies had failed to recognize the essential tribal relations of Indian people and the culture and social standards prevailing in Indian communities and families" (Indian Child Welfare Act, 1978).

Important progress was made with the passage of the ICWA, though full implementation and compliance has been slow to develop. According to the Harvard Project on American Indian Economic Development, during the 1990s in Maine "a disproportionate number of Maliseet children were removed from their homes and placed in foster care with other families, most of whom were non-Indian. Anecdotal evidence suggests that many of the children remained in care longer than was necessary and that many faced the termination of parental rights, which freed them for adoption out of the tribe. One Houlton Band [of Maliseet Indians] citizen remarked, 'It was like genocide, our children were taken from us and we didn't know where to find them'" (Harvard Project on American Indian Economic Development, 2006).

In 1999, the Maine Office of Child and Family Services (OCFS) and tribal child welfare staff came together to form the ICWA Workgroup, which addressed the issue of state noncompliance with the ICWA. They were astounded by

"When they took us to the state [foster] home, it was a huge house and the people had a lot of kids. I was better off with my mother. Living in my house was terrifying but there was still a sense that I belonged there. I know it sounds crazy but as bad as it was, I belonged there; I felt like I wasn't going to float away up in the air and never come back."

Denise

the history of mistrust and the lack of effective working relationships between the tribes and the state. This discomfort and awkwardness lingered, as tribal members doubted the state's commitment to the ICWA and OCFS representatives grappled with how to make changes. The workgroup created a day-long training for state workers that emphasized the spirit, intent, and requirements of the ICWA.

To help state workers understand the reasons behind and the need for the ICWA, the workgroup designed and produced “Belonging,” a video featuring interviews with Wabanaki people who had spent part or all of their childhood in Maine’s foster care system prior to the ICWA.

The ICWA Workgroup achieved tangible successes in its decade of work, yet historical events in Maine continue to impact Wabanaki children and families and state child welfare practices. A 2009 case review

conducted by the Maine OCFS in collaboration with the Wabanaki Tribes found that some state child welfare workers still needed to improve their engagement with tribal child welfare workers and function as co-case managers. The study found that while case workers consistently made placement decisions with tribal child welfare workers, not all fully engaged the tribes in the assessment and in family team meetings (Maine Department of Health and Human Services, 2010). In 2010, the Maine Human Rights Commission found reasonable grounds to believe that the Maine OCFS, and one of its caseworkers, discriminated against a Penobscot member because of her “race, ancestry, and national origin” (Wabanaki Legal News, 2011).

“I had never talked about it in my life. I didn’t know what to say – then I started telling my story. I wasn’t sure if I had dreamt some of it. [When I was asked] to join a committee to plan the training, I felt like I was sitting with the enemy (the state people). It took a while to get comfortable.”

Denise

Destabilizing the Dominant Narrative

The current dominant narrative does not include Native perspectives and experiences, particularly those of the children and families most victimized by this system. The challenges the ICWA Workgroup faced illustrated the need to lift up those silenced voices and incorporate them into an understanding of the past and present realities of the child welfare system. Destabilizing that narrative is not just about giving one’s statement one time for a report; it is also about incorporating these marginalized voices into the future decision-making processes regarding child welfare in Maine.

The ICWA Workgroup determined that the story of the Wabanaki people's experiences with state child welfare needed to be unearthed in order to fully uphold the spirit, letter, and intent of the ICWA in a way that promoted healing. It is clear, the project revealed, that the only way to create lasting change is to have recognition and acknowledgement of the past. Although the Maine TRC has a grass-roots and independent origin, there are a variety of other efforts addressing the experiences of Native people with foster care, adoption, and residential schools. These efforts focus on the need to recognize the truth, create a process of healing, and develop a new kind of relationship.³

In 2000, Kevin Gover, Assistant Secretary of Indian Affairs with the Department of the Interior, delivered a formal apology, expressing profound sorrow and accepting moral responsibility for the wrongs committed by the BIA, referencing boarding schools among these. It is noticeable that he did not identify the Indian Adoption Project, but he stated that "Never again will we seize your children, nor teach them to be ashamed of who they are. Never again. We cannot yet ask your forgiveness, not while the burdens of this agency's history weigh so heavily on tribal communities" (Gover, 2000).

In 2001, CWLA director Shay Bilchik issued an apology for the organization's role in the Indian Adoption Project. Calling these events both catastrophic and unforgivable, he expressed regret at how "CWLA's participation gave credibility to such a hurtful, biased and disgraceful course of action (Bilchik, 2001)." Bilchik accepted moral responsibility, and acknowledged the legacy of racism and arrogance. He pledged to work together with tribes as partners, moving forward in an aggressive, proactive, and positive manner to fully comply with the ICWA (Bilchik, 2001).

3 In 2008, Canadian Prime Minister Stephen Harper apologized for Canada's Indian Residential Schools (IRS). The Canadian TRC mandate is to learn the truth about what happened, share this truth, and lead citizens in a process of reconciliation. In 2010, the National Indian Child Welfare Association, CWLA, and other partners began community reconciliation forums in child welfare to change the relationships between tribal communities and child welfare agencies.

Reckoning with the Past in Maine

In Maine, the ICWA Workgroup decided to create a TRC in which the tribal child welfare staff would take the lead as the TRC Convening Group. The state agency agreed to join at a future date, when the tribal child welfare staff was ready for them to do so. One of the Convening Group's first endeavors was to create a Declaration of Intent that outlined the purpose of the TRC process. This was no easy task. Many hours were spent trying to understand and articulate what needed to be reconciled; many tears were shed as members shared their own experiences as advocates for Native children and as Wabanaki citizens affected by racism, oppression, and internalized oppression (the ways in which those who have been victimized by racist systems develop ideas, behaviors, and attitudes that support or collude with that oppression).⁴

Completing the first draft of the Declaration of Intent was a cathartic exercise that helped solidify the group, and in February 2010 it was ready to welcome OCFS staff into the process. All involved parties recognized the necessity of trusting that the truth commission process would be unequivocally valuable, acknowledged the importance of writing this document together, and decided to start over, jointly creating a Declaration of Intent.

The Declaration of Intent outlines three distinct purposes for the Maine truth and reconciliation process: (1) to create a common understanding between the Wabanaki and the State of Maine concerning what happened and is happening to Wabanaki children in the child welfare system; (2) to act on the information revealed during the TRC to improve the child welfare system and to better support the children and families served; and (3) to promote healing, both among Wabanaki children and their families and the people who administered a widely acknowledged less-than-ideal system (Maine Tribal-State Child Welfare Truth and Reconciliation Commission, 2011).

4 For more information about internalized oppression, visit the People's Institute for Survival and Beyond at www.pisab.org.

All Convening Group members agreed to bring their values, beliefs, biases, and unique life experiences into the process. Many of the tribal members have noted that this work is not just a job—the survival of their community, tribe, and culture are all at stake, making it easier for them to involve their whole selves in the work. The OCFS members have had a different experience, and at times have felt conflicted when what was expected of them as employees contrasted with who they wanted to be in relation to their Convening Group colleagues. At the core of the process are the value of relationships and the effort of creating and maintaining humanity within those relationships. As Martha Proulx from the OCFS put it, "The value of this truth and reconciliation [process] is that it is a true partnership that we are undertaking as equals. It is a government-to-government effort to understand what happened, to promote healing for Wabanaki communities, and to improve child welfare practice" (Attean & Williams, 2011).

Members have committed to developing a new type of relationship that represents openness and transparency, honesty, and mutual respect. They have had to go to a place deeper than their commitment to doing their jobs well, deeper than a resolve to treat each other with kindness and respect—to a place that is so embedded and protected, it is usually only accessed in times of pain and crisis. They had to give voice to their own fears, biases, prejudices, and all the messages that they have internalized in order to undo those constructs. It is a painful yet liberating process of decolonizing hearts and minds, of real healing. The process is time-consuming and requires motivation, commitment, humility, patience, and above all, love. Members had to create a space in which they felt safe enough to reveal their whole selves, to show parts of themselves they may have been ashamed of, to listen, and to give each other their full attention—all while holding each other in the highest regard as human beings. It was only through this honesty and openness that they were able to first challenge the dominant narrative, which implied that they could not trust one another or work together.

"We can work together to make sure that everyone simply follows laws and policies, or we can go deeper and figure out how to make changes because it is the right thing to do."

Denise

Racism and oppression are systemic, institutionalized, and bigger than any one of us, but these constructs are also created by us. Institutions and systems are composed of individuals, and the work to change an institution or system has to begin with changing individuals. Sousan Abadian tells us that “When people engage in genuine healing, they become more accountable and in touch with reality. Healing generates compassion and tenderness. To heal collective trauma, you must heal the individual; healthy individuals give birth to healthy institutions and cultures” (Lambert, 2008).

Next Steps

The TRC process has included tribal and state government representatives co-creating the mandate, which will guide the work of the TRC as well as the design and composition of a Commission Selection Process. A 13-member Selection Panel chose a group of people who can be trusted by tribal and state governments, and by their respective citizens, as being persons of recognized integrity and stature — and who have demonstrated a commitment to the values of truth, reconciliation, equity and justice. The five member-Commission, an independent body, will be officially seated in February 2013 to begin the work outlined in the mandate.

The commission, an independent body, will be seated by the end of 2012 to begin the work outlined in the mandate. The commissioners and their staff will conduct and document truth-seeking activities (e.g., statement taking from tribal people formerly in state custody, their families, community members, current and former child welfare professionals, and all other interested participants; review of previous related reports and other documents which will be voluntarily provided by the same interested parties, and so on) for the purpose of gaining an accurate and comprehensive understanding of the experiences of Wabanaki people in state child welfare. The TRC will produce a report with a fact-based account of those experiences and include recommendations for changes to child welfare practice.

The report will be provided to the public and specifically to each Wabanaki tribe, the State of Maine, the MITSC, and the Convening

Group for review and consideration of the findings. Additional individuals and organizations that are recognized as parties to the TRC will be provided with the final report, as well. At its conclu-

sion, the TRC will hold a closing ceremony that will include the presentation of its report and recognition of the greater truths that have finally been understood. The TRC process, especially truth-seeking activities, will give voice to the Wabanaki people and begin the healing process for individuals, families, and communities.

Sharing their stories of trauma, pain, and survival not only destabilizes the dominant narrative, but can destabilize the individual as well. The Convening Group will focus on the dynamics of collective generational trauma, educating the community about the TRC and supporting members who are impacted by the TRC process. This will happen with the creation of sustainable support networks, including the use of traditional practices and the engagement of natural helpers (e.g., tribal elders, members of the faith community, and social service providers). The Convening Group will focus on transferring understanding to child welfare caseworkers about these historical events and collective, generational trauma.

"It has been 12 years since I first told my story. I didn't even know it needed to be told. Since then I've learned to feel, care, love and, most of all, strive to become the person the Creator meant for me to be when I was born. Healing is not going to be easy, but it will transform all of us."

Denise

Recognizing and Understanding Outcomes

Engaging in the Maine TRC is one way in which people can begin the process of decolonization. The Wabanaki people will be given the chance to heal from the harm inflicted upon them; white Mainers will be able to reconcile their inherited feelings of guilt and recognize their responsibility. Achieving these goals will ultimately challenge the dominant cultural narrative that the Wabanaki people cannot take care of their own children, replacing it with a more accurate narrative that can be incorporated into the ways that Mainers not only understand their history, but plan for their future.

The TRC process will create a common understanding of what occurred to Wabanaki children and families who were impacted by the Maine child welfare system yet were largely invisible to most people. It is crucial for the Wabanaki people and white Mainers to move forward together with a greater understanding of one another and their respective experiences. Although state child welfare staff intellectually understand the ICWA and its requirements, and may even have knowledge of the history of the Wabanaki people, they may still view these experiences as solely historical, and fail to understand the impact that they have on families today. By internalizing the knowledge of collective, generational trauma, and acknowledging and respecting the past, state child welfare staff will be able to partner with tribal child welfare staff and families in a more effective way. The TRC Evaluation Sub-Committee is working to develop instruments to help measure an increase in common understanding.

Tribal child welfare agencies and the state's child welfare agency have worked collaboratively to improve practice since 1999. The openness of this collaboration has allowed the tribes and the state to move forward with the TRC, and will allow them to make additional changes once the recommendations from the TRC are received. The tribes and the state will use these recommendations to develop and implement solutions jointly. All involved hold the common goals of protecting children, upholding safe families, and promoting best practices that will ensure Native culture is preserved and strengthened.

The TRC's report will include findings and recommendations for improvements in the child welfare and related systems, and for institutions and organizations that interface with Wabanaki children, families, and communities. Although this report will mark the end of the work of the TRC, it will mark the beginning of the work to reform the system in ways that will best serve Wabanaki children and families. It will also mark the point at which those affected by this system can experience closure and lay some of their stories to rest as the healing continues.

"Just because you're getting fed, have a roof, and have nice clothes, and nobody's beating you or molesting you or raping you, doesn't mean that you're gonna grow up to be a whole person. We think all we need to do is find safety. Feeling you don't belong is one of the biggest safety problems, I think, one of the biggest things to cause you to feel unsafe."

Denise

Conclusion

Crucial to this work is creating a space of sustainable engagement in which non-Native society will address meaningfully how they benefit from the colonial oppression of Native people. It is the hope that this work will transcend child welfare and serve as a model to strengthen tribal-state relations in all areas of importance to the tribes and the state. Although the Wabanaki Tribes and the State of Maine are the collaborators on this TRC, their underlying dreams and capabilities are no different than those of Native people and state child welfare agencies across the country. The process of decolonizing by challenging the dominant narrative is a difficult yet simple task. It is a human process that requires commitment, because the answers are within us.

Creating a tribal-state workgroup to undertake systems improvement in relation to Indian child welfare is replicable in other jurisdictions. It is most successful when done in true partnership, with attention to relationship and power dynamics. Including simple tasks such as opening and closing tribal-state meetings with checking in about members' hopes and fears, as well as their reflections on successes and challenges in working together, builds an honest team. More complex tasks may seem daunting, but are achievable. Providing tribal child welfare staff with access to the state's child welfare information system for viewing case documentation in shared cases creates a transparency that demands practice improvements and the establishment of co-case management practices. States and tribes conducting comprehensive case reviews of all Indian child welfare cases together establishes a baseline from which to measure change and the opportunity to co-create strategies. Integrating tribal presenters in all staff training about Indian child welfare teaches not only the letter of law, but the reasons behind the law in a compelling manner. State child welfare staff at all levels of the system need to understand their role and how they have benefitted from the oppres-

"We are hopeful with this TRC. Over the last 12 years [that] I've been telling my story I went from being someone who just got by day to day. I never felt joy or love. It's all changing. My sister committed suicide a couple of years ago, but I'm doing really well. The more I talk about it the less power it has over me."

Denise

sion of Native people. Understanding this begins to relieve the burden of history's legacy. True reconciliation can only occur when collaborative partners create safety so that buried truths and unheard voices can be recognized, leading to healing and a shared narrative of who we are, where we have come from, and where we are going.

Working together in this way has been a contradiction to another piece of the dominant narrative that demands that we keep the past in the past. Molly Newell, a member of the ICWA Workgroup and the TRC Convening Group who has been a part of this change process for over a decade, says, "Although at first I wasn't sold on this idea of opening old wounds, I now realize it is necessary to look back at the truth before we can heal and move forward. I am optimistic and hopeful—I know we can do this" (Maine Tribal-State Child Welfare Truth and Reconciliation Commission, 2011).

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Moving Toward Reconciliation in Indigenous Child Welfare

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The Touchstones of Hope reconciliation movement consists of principles (culture and language, self-determination, structural interventions, non discrimination, and holistic approach) that guide a reconciliation process of truth-telling, acknowledging, restoring and relating to reshape indigenous child welfare led by indigenous peoples and supported by their non-indigenous counterparts. This article describes a reconciliation movement in Canada grounded in Touchstones of Hope principles, involving a reconciliation process between indigenous and non-indigenous individuals, which has enabled culturally relevant concepts of child welfare and plans for child safety to emerge.

More than seven years ago, four collaborating child welfare organizations¹ in both Canada and the United States began to see reconciliation in indigenous child welfare as a way to address the harm that has been done to indigenous children affected by mainstream child welfare practices and policies. According to Blackstock, Brown and Bennett, reconciliation “[i]s a dynamic process with an overall goal of peacemaking, whereby everyone’s history and reality are validated and respective rights are recognized” (2007, p. 64). In line with this belief, the four organizations brought together 200 indigenous and non-indigenous delegates working in indigenous child welfare from Canada, Australia, and the United States. During the two-and-a-half-day gathering in Niagara Falls, Ontario,² participants discussed the importance of reconciliation in child welfare, its place and meaning in indigenous child welfare, and the principles and values that guide a reconciliation process (Blackstock, Cross, Brown, George, & Formsma, 2006). The views and experiences of participants were grouped into five principles: culture and language, self-determination, non-discrimination, structural interventions, and holistic approach, which guide a reconciliation process of truth-telling, acknowledging, restoring, and relating. These principles are meant to be interpreted by indigenous communities and incorporated into all aspects of child welfare—such as policy and practice—in order to build a sustainable change movement that benefits indigenous children and families.

Since 2005, the Touchstones of Hope reconciliation movement has generated interest from organizations and communities in Canada and around the world. In 2008, indigenous communities, six indigenous child welfare agencies, and the provincial government (the Ministry of Children and Family Development) in northern British Columbia decided to engage in a Touchstones of Hope reconciliation movement. This article describes the Touchstones of Hope reconciliation movement in northern British Columbia (northern British

1 The Centre of Excellence for Child Welfare, the First Nations Child and Family Caring Society of Canada, the National Indian Child Welfare Association, and the Child Welfare League of America.

2 Further described in Blackstock, Cross, Brown, George, Formsma. (2006). (*Reconciliation in child welfare: Touchstones of Hope for Indigenous Children, Youth & Families*). Ottawa: First nationa Child and Family Caring Society of Canada.

Columbia Touchstones of Hope),³ where collaboration and relationship-building between indigenous child welfare agencies, indigenous communities, and individuals in mainstream child welfare has enabled culturally relevant plans to be created. It further provides a reconciliation model that is intended to become intrinsically woven into child welfare practice and policy, assuring that child welfare better reflects the distinct cultures and values of indigenous peoples and ensures better outcomes for indigenous children, youth, and families.

Background

*First Nations Child Welfare in Canada*⁴

To begin, it is essential to contextualize child welfare in Canada. Trocmé et al. (2003, 2006) and Sinha et al. (2011) explain the complex nature of First Nations child welfare in Canada and the reasons why there are so many First Nations children in the care of child welfare. It is estimated that First Nations children in Canada represent between 22,500 and 28,000 of children in the care of the Canadian child welfare system, three times the number of children who attended residential schools⁵ at the peak of their operation in the 1940s (Blackstock, 2003). According to Blackstock (2009), Aboriginal children were often apprehended by social workers and placed into residential schools, never returning to their family homes. As residential schools began to cease operations, foster care placements, in most instances placements with non Aboriginal families, became the norm. Similar to their experiences in removal from communities and placement in residential schools, Aboriginal children and youth living with non-Aboriginal families often lose ties to their communities and to their distinct cultural traditions, languages, and way of life.

3 See www.bctouchstones.ca.

4 The term "First Nations" signifies one of the three Aboriginal groups in Canada as defined by Aboriginal Affairs and Northern Development Canada, also including Métis and Inuit. The term 'indigenous' refers to first peoples across the world. In this article, the term "First Nation" is used to refer to indigenous children living on reserves. The term "Aboriginal" will be used in general to describe indigenous peoples in Canada.

5 Government-funded schools, run by religious denominations, set to assimilate Aboriginal children into the mainstream population. John Milloy's *A National Crime* provides a detailed description of the school system and the policies put in place.

In the 1970s and 1980s, First Nations child and family service agencies (FNCFSAs), funded by the federal government, were created to respond to the needs of First Nations children and families in a manner conducive to their cultures. Although there are over 100 FNCFSAs, the Wen:de report indicated that in 2005, one out of ten First Nations children were placed into the child welfare system; for non-First Nations children, one out of 200 children were placed (Blackstock, Prakash, Loxley, & Wien, 2005, p.7). It may come as no surprise that “these young people experience high rates of suicide, homelessness, substance misuse, incarceration, continued involvement with child welfare, and low levels of educational attainment” (Blackstock et al., 2007, p. 63). There are also numerous reports (RCAP, 1996; Blackstock et al., 2005; Auditor General, 2011) documenting poor outcomes for First Nations children and identifying a system that does not address the needs of First Nations children—whether through the absence of culturally relevant services or through lack of funding. For example, the Wen:de report (Blackstock et al., 2005) provides recommendations for creating a more relevant funding formula for the FNCFSAs,⁶ which would include broadening the scope of “the statutory range of services intended to keep maltreated children safely at home known as least disruptive measures” (Joseph & Blackstock, 2007). The funding for First Nations child welfare in Canada is inadequate (McDonald & Ladd, 2000; Auditor General, 2011), and is not structured to address the distinct systemic challenges First Nations face or the lack of services on reserve to assist. Nadiwan and Blackstock (2004) found that FNCFSAs are often called upon to address many needs of First Nations communities but it is often a stressor on human resources and finances since they are often the only culturally based organization on reserve. The lack of funding and social supports for families often results in parents neglecting essential needs of their children (Blackstock et al., 2005) and thus to the mass removal of First Nations children from their homes. As a result, Aboriginal children continue to fall behind the

6 See <http://www.fncfcs.com/projects/child-welfare-funding/> for further information on the child welfare funding in Canada.

national average in many areas such as education, justice, and child welfare (Blackstock, Clarke, Cullen, D'Hondt, & Formsma, 2004).

First Nations Child Welfare in British Columbia

As of March 2010, Aboriginal children and youth in British Columbia represented “54% of the province’s in-care child population” and were “six times more likely to be taken into care than non-Aboriginal children” (Canadian Council of Provincial Child and Youth Advocates, 2010, p.7). Similar to many other provinces where geographical remoteness plays a factor in poverty, poor housing, and lack of services on reserves, northern British Columbia communities have a higher percentage of Aboriginal children in the care of child welfare than the rest of the province (MCFD, 2011b).

Child welfare in British Columbia falls under provincial jurisdiction, and this legislation applies both on and off reserve. There are twenty-two delegated First Nations child and family service agencies in British Columbia (MCFD, 2011a). Thirteen of the First Nations agencies are partially delegated with responsibility for guardianship, family support, foster home recruitment and nine are fully delegated in providing full child protection, including investigation and child removal (MCFD, 2011a). The province, as represented by the Ministry of Children and Family Development (MCFD), provides full child protection services and the federal government is responsible for funding services on reserves, such as education and healthcare. In the northern British Columbia Touchstones of Hope movement, the six FNCFSAs involved were partially delegated; due to the complex nature of their relationship and past conflicts with the provincial and federal governments, all those involved in the movement decided that reconciliation was needed to move forward in working effectively for First Nations children and families.

Methodology

Moving Toward Collaboration

Individuals from FNCFSAs and the MCFD in northern British Columbia attended the gathering in Niagara Falls in 2005 and were

inspired to engage in a reconciliation process.⁷ In 2008, an information session was held in Prince Rupert with partially delegated First Nations child and family agencies and the communities with whom they work, in partnership with the MCFD. Leaders from the agencies and communities were ready to engage in a long term process to build rapport and decide if the Touchstones process was the best option for their communities. A team composed of First Nations representatives, staff from the First Nations child welfare agencies in northern British Columbia, the MCFD, and the Caring Society was formed to plan the information session in Prince Rupert permitting those engaged in child welfare activities in the north region to interpret the Touchstones in the distinct context of their communities and organizations together (Blackstock et al., 2007). The session hosted approximately 120 leaders, defined by Kovach as:

[I]ndividuals involved in leadership activities within child welfare. Leadership is defined broadly to mean those engaged in leadership at the cultural, community, institutional, governmental, and political level within Indigenous communities in the context of child welfare policy, practice and research. [It] is also aimed at Non-Indigenous leadership impacting Indigenous child welfare at the political and institutional levels (2008, p. 6-7).

The session was modeled on the Touchstones reconciliation process and the idea of what a Touchstones reconciliation process could look like in communities. Before the session, all participants were asked to “leave their titles at the door” in order to speak from a personal point of view rather than speaking from that of a professional. This tactic ensured the mutual respect needed in order to engage in delicate conversations regarding children, and ensured that the first step of the reconciliation process of truth-telling was upheld.

During the information session, child welfare experts provided presentations about each of the Touchstone of Hope principles. In small group breakout sessions, leaders were given the opportunity to

7 The process of the Northern British Columbia Touchstones of Hope movement is described in more detail in Auger, A. (2011).

share their dreams for healthy children and their knowledge about the measures used to ensure child safety. Truth-telling was facilitated through an activity called PATH⁸ (O'Brien, Pearpoint, & Kahn, 2010), which invited leaders to voice their collective and individual dreams for Aboriginal children using the Touchstones of Hope principles to guide the discussions. In groups of 15–20 people, trained Touchstones facilitators started the PATH with the statement: "All Aboriginal children in northern British Columbia will be safe and be living in dignity and respect when..." Participants crafted their dream based on this statement with two rules: the dream had to be positive and possible within ten years. Leaders brainstormed about the current situation of child welfare and the resources needed to achieve the dream and a sustainability plan, including short- and long-term plans that could be implemented within five to ten years. The work done between Aboriginal and non-Aboriginal leaders allowed for understanding of one another; it also helped formulate a vision for Aboriginal children based on collective goals.

Community Engagement

Following the decision to move forth with the Touchstones reconciliation movement after the session in Prince Rupert, six FNCFSAs formed an advisory committee with representatives from each agency and community members from the First Nations they work with, including Elders and youth and a Touchstones Coordinator for the north was designated to communicate with the Committee. MCFD and the Caring Society were also invited to participate on the committee as collaborators and supporters of the movement. The FNCFSAs included Carrier Sekani Family Services, the Gitksan Child & Family Services Society, the Haida Child & Family Services Society, Nisga'a Child and Family Services, the Northwest Inter-nation Family and Community Services Society, and the Nezul Be Hunuyeh Child and Family Services Society. Together, this group of individuals promoted the northern British Columbia Touchstones

8 PATH facilitator guides can be ordered from Inclusion Press by telephone (416) 658-5363 or from their website <http://www.inclusion.com>).

initiative and carried out all activities by keeping in line with the Touchstones principles: assisting communities in creating and implementing shared visions, and utilizing these plans to guide government legislation, funding needs, policy changes, development, and child welfare practice.

In order to create community visions and next steps for child welfare within the communities, there were five community sessions—one for each participating agency.⁹ Each session was unique in nature, and participant discussions around the Touchstones of Hope principles reflected the distinct ways to care for children, values, beliefs, cultures, and languages of the First Nations tribes in the areas. The two days of community sessions were structured in the same fashion as the information session in Prince Rupert, with small group discussions using the PATH tool and large group presentations on each of the Touchstones of Hope, given by community members who could speak to child welfare in the respective community. A network of individuals from the FNCFSAs, communities, and MCFD were trained as Touchstones facilitators; they facilitated the community sessions and helped capture participant dreams and next steps for healthy Aboriginal children in the north. After the community session, each agency met with the northern British Columbia Touchstones coordinator to create action plans to implement the next steps of the community vision plans within a timeline.

Participatory Action Research

In order to provide research for this initiative, Dr. Michael Saini from the Factor-Inwentash School of Social Work at the University of Toronto volunteered, with support from the Caring Society and the Advisory Committee in the Northern British Columbia Touchstones movement. To document findings from the Touchstones community sessions, Saini created a Methodological Template (2009) for the Touchstones process. In this template, he draws upon the knowledge of Brydon-Miller (1997) Greenwood, Whyte and Harkavy (1993),

9 As earlier stated, there were six agencies who decided to move forth with their community sessions. One agency postponed their community session and was unable to revisit the possibility of hosting it.

and Park (1999) in the use of Participatory Action Research (PAR). This approach engaged all participants involved in the reconciliation process, including participants, speakers, and facilitators. All community sessions were recorded with permission of the Advisory Committee and all participants. In order to respect the right to self-determination and community control of information, all information obtained was given back to communities and FNCFSAs. The facilitators were responsible for sending their digital recordings and PATH notes to Saini who utilized a qualitative analysis program, MAXQDA, for inputting data and grouping themes. The beginnings of the research were shared with community members and others in the northern British Columbia Touchstones movement in July of 2010 during follow-up meetings. The participants at the meetings provided feedback and suggestions on what themes they wanted in the research. In 2011, there was a follow-up survey sent to all participants who attended the Touchstones Community sessions through Survey Monkey, a free online survey. Saini released a preliminary Executive Summary in 2011 and a full evaluation report—which included findings from the community sessions and the participant surveys—was released in May 2012.

Findings

Quinn and Saini (2012) grouped themes according to each of the Touchstones of Hope principles: culture and language, holistic approach, self-determination, non-discrimination and structural interventions. Within these broad themes, there were many recurring findings.¹⁰ For example, “[k]eeping children in their communities of origin so that cultural knowledge, traditions and language could be passed on was a central theme in all community sessions” (Quinn & Saini, 2012, p.17). The participants at the community sessions also stressed the importance of the well-being of children and families in their communities and children having self-respect, self-esteem, respect for and

10 Quinn and Saini grouped the recurring themes according to Touchstones of Hope principles and listed them by frequency counts.

from others, and love and empowerment (Auger, 2011; Quinn & Saini, 2012). These are fundamental values instilled in children through their families and others involved in their lives. Role models such as elders, family members, extended family, and social workers were important assets to children and youth (Auger, 2011; Quinn & Saini, 2012). Removing children from their families can be detrimental to the child, as children often do not return home and face losing their culture and language. In cases of child removals, participants in the sessions suggested to place children with extended family as temporary guardians until the parents were healthy and able to care for their children; this way of caring for children represents a traditional indigenous system in which a community raises a child (Quinn & Saini, 2012). The findings from the community sessions often underlined the importance of culture and language in child welfare. According to Auger, participants greatly stressed that “culture could not be defined as a ceremony or a tradition but rather as a way of life” (2011, p.30).

Recurring themes in the community sessions often reinforced large-scale structural issues undermining the success of Aboriginal children, youth, and families (Quinn & Saini, 2012). The Wen:de report (Blackstock et al., 2005) and the CIS-2008 (Trocmé et al., 2005), for example, present findings in which neglect was one of the largest contributors to children being removed from their homes and this was reflected in the sessions. Many discussions in the community sessions focused on the effects of residential schools, including addictions and substance misuse. There was a strong desire for healthy communities that are free of substance abuse and poverty, as these factors are often barriers to keeping First Nations children in their homes and communities (Quinn & Saini, 2012).

Participants “noted that Indigenous communities know what is best for Indigenous children; programs and policies need to be revised or developed in order to include Aboriginal values in service delivery” (Quinn & Saini, 2012, p. 24). They stressed the importance of collaboration and relationship building between First Nations communities, staff from the FNCFSAs, and staff from MCFD. They felt that working together and speaking truths about their realities would clarify stereotypes and misunderstandings

which will help in achieving the common goal of helping First Nations children, youth and families (Quinn & Saini, 2012).

Collaboration in the community sessions was successful in enabling participants to learn about the lived experiences of the people that they may work with every day. For example, one participant noted: "I assume that everyone knew about residential school, but there are still lots of non-Aboriginal people in child welfare positions who just don't get it. Or never even heard of those places. That was shocking to me" (Saini, 2011, p. 6). Initial collaboration at the Touchstones community sessions may have changed future relationships in child welfare, which could result in better outcomes for the First Nations children in the north. The act of listening to others and speaking truths may have attributed to changes in perspective. One participant commented that they could "see a change in social worker practice and office culture overall for the better that I believe Touchstones contributed to. I believe we have a more collaborative practice that benefits children and families whether it be through reunification or access" (Saini, 2011, p.7). The Touchstones community sessions also changed relationships and collaboration between First Nations and non-First Nations participants. The findings of the Quinn and Saini Evaluation report found that participants seemed to have more trust with one another as well as support in the work and inclusion and participation in community activities. Collaboration may also have influenced the situation of the high number of Aboriginal children in care. Through the eyes of one participant from Touchstones, "[i]n combination with the changes in the approaches to child welfare, it appears there are a lot less children going into Continuing Care" (Saini, 2011, p. 7). The Touchstones of Hope community sessions foster collaboration and building relationships between those working in child welfare which has potential to create better outcomes for Aboriginal children.

Future Directions and Conclusion

It is challenging to convey the full extent of the nature of this initiative. How are growing relationships between those in past conflict or

who have had differing worldviews documented to show that relationship-building is creating a more solid foundation for healthier children and families? Along with Quinn and Saini's evaluation report, the northern BC Touchstones advisory committee has been creating documents based on their follow-up work to inform others about the work that has been done and how to successfully implement action plans for sustaining the movement. A future direction for this initiative would be to conduct a large-scale evaluation centering on how the Touchstones of Hope project has reframed policies, practices, and attitudes, reflecting that the movement is not a singular event but a push toward significant change in child welfare. In addition, the outcomes of Touchstones need to be further explored, including the possibility of quantitative data to see if the observation of "less children going into continuing care" rings true across the north region where there has been collaboration in the Touchstones movement. A more extensive evaluation of the work done would be beneficial to others looking into this type of reconciliation process. Quinn and Saini (2012) further recommend that the Touchstones of Hope movement in British Columbia continues, and that the reconciliation movement is utilized to guide indigenous child welfare policies and practices.

The northern British Columbia Touchstones initiative, now the British Columbia Touchstones of Hope, has been based on collaboration and relationship-building. In working in a system that is often limiting due to policies and funding, the focus of children can get lost. It can also be frustrating for all parties involved when Aboriginal children are removed from their homes at high rates. With these considerations in mind, Touchstones of Hope offers the possibility of creating and sustaining substantive change in child welfare. When interpreted by Aboriginal communities, the Touchstones of Hope principles create more culturally relevant concepts for Aboriginal child welfare, as they are created by those working directly with children and families and are used to guide practice and policy. Further, when the decision is made to engage in a reconciliation movement, working together can make a significant impact on children and families. With the guidance of research and those involved, it is hoped

the Touchstones of Hope reconciliation movement will continue to grow in British Columbia, in other parts of Canada, and throughout the world.

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Findings from a National Needs Assessment of American Indian/Alaska Native Child Welfare Programs

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The National Child Welfare Resource Center for Tribes, a member of the Children's Bureau Child Welfare Training and Technical Assistance Network, conducted a national needs assessment of tribal child welfare. This assessment explored current practices in tribal child welfare to identify unique systemic strengths and challenges. A culturally based, multi-method design yielded findings in five areas: tribal child welfare practice, foster care and adoption, the Indian Child Welfare Act, legal and judicial, and program operations.

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Tribal child welfare programs are central to the ability of Indian nations to serve the community and keep American Indian/Alaskan Native children safely within their families and communities. All 565 federally recognized tribes are independent sovereign nations and have the right to self-governance. Almost every federally recognized tribe provides some level of child protection services within its tribal boundaries. Most tribes operate a tribal child welfare program as well as a tribal court. The nature of tribal child welfare services in Indian Country is dependent on many factors, including federal policy, tribal/state agreements and relationships, tribal council priorities, tribal codes, and the availability of funding (Cross, Earle, & Simmons, 2000).

Despite great efforts to improve child welfare services for American Indian/Alaskan Native families, many tribal children remain at risk for poor case outcomes compared with their nontribal counterparts. Research has found that American Indian/Alaska Native children are placed in out-of-home care more frequently than other children, often for reasons associated with parental substance abuse and mental health, despite similar or even higher levels of these problems reported among Caucasian caregivers (Carter, 2010).

Although tribes are sovereign, most of the funding and resources for the basic welfare and the protection of American Indian/Alaska Native families are provided by the federal government (Pevar, 2004). While there is some literature on child welfare programming in specific tribes and cultural approaches to practice (Cross & Fox, 2005; Hill, 2006; Hand, 2006; Halverson, Puig, & Byers, 2002), there has been little attention in the professional literature to articulating the collective strengths and needs of American Indian/Alaska Native child welfare programs.

The National Resource Center for Tribes (NRCT4Tribes) was established in 2009 as a cooperative agreement between four organizations, including the Tribal Law and Policy Center, the Indian Family Resource Center, the Native American Training Institute and the Butler Institute for Families, and the federal Children's Bureau (CB). The NRC4Tribes serves as a direct technical assistance resource to tribal child welfare programs across the country, and provides a

brokering role in partnership with the other child welfare technical assistance entities funded by the CB. During its first year of operation, the NRC4Tribes conducted a comprehensive needs assessment of tribal child welfare programs. The findings guide the work of the NRC4Tribes and other technical assistance providers, and provide information for those working in tribal child welfare settings. A specific focus was to assess the types of training and technical assistance needs in areas such as practice and case management, services to children and families, administration, data and information, program management, and reporting. In this article, we present an overview of those findings. We invite all those interested to view the Executive Summary and Full Report, available on the NRC4Tribes website, www.nrc4tribes.org.

Much of the literature on Indian child welfare focuses on the Indian Child Welfare Act of 1978 (Goldsmith, 2002; Limb, Chance, & Brown, 2004; Waszak, 2009), and on the overlap between child welfare needs and policies and other critical social problems in Indian Country, including poverty, economic stagnation and unemployment, substance abuse and violence (MacEachron & Gustavsson, 2005). Other articles in this special issue will address these topics in greater detail. Suffice it to say that Indian Child Welfare programs operate in rich cultural environments while facing challenging economic and social pressures. ICWA compliance varies considerably across states and has not lived up to its full promise as a mechanism for preserving Indian families. Moreover, many tribes are not funded to provide child welfare programs that fully respond to its provisions.

A few articles have highlighted tribal approaches to culturally responsive child welfare practices. Hill (2006) examines the fit between Family Group Conferencing (FGC) approaches developed by indigenous Maori communities and traditional Alaskan Native child welfare values and practices, arguing that FGC offers an important resource that bridges mainstream and tribal child welfare practices. Hand (2006) presents an Ojibwe perspective on Indian child welfare derived from a critical ethnography. Findings focus on the importance of extended Indian families and family-centered cultural norms in supporting a broad commitment to child well-being.

In addition, findings suggest that child welfare practices and structures that are seen as externally imposed may contribute to a child removal philosophy rather than support culturally based family interventions. A qualitative study examining the experiences of Indian foster parents working with state child welfare systems found that Indian foster parents felt they were actively discouraged by county child welfare workers; that the role of culture in care giving was largely ignored by others; that the differing definitions of family between foster parents and caseworkers was problematic; and that the importance of historical pain due to past family disruptions must be addressed to promote healing (Halverson, Puig, & Byers, 2002). These findings highlight the importance of cultural considerations in child welfare practice with Indian families.

The NRC4Tribes Needs Assessment

The needs assessment explored current practices in tribal child welfare in federally recognized tribes to identify the unique challenges facing tribal child welfare programs and systemic and practice issues. The assessment used a variety of methods to elicit input from tribal child welfare program staff and stakeholders about program strengths, gaps, and challenges and to distill relevant information into a thorough and up-to-date profile of child welfare in Indian country. A specific focus was to assess the types of training and technical assistance (T/TA) needed by tribal child welfare programs in areas such as practice and case management, services to children and families, administrative functions, data and information collection, program management, and reporting. Needs assessment findings will help identify opportunities for the CB Training and Technical Assistance (T/TA) Network to support tribal child welfare programs in improving the quality and effectiveness of services for American Indian/Alaska Native children, youth, and families. In addition, these findings may be useful to tribes interested in building the capacity of the child welfare programs to better meet the needs of children and families in their communities.

Approach and Methods

Culturally Based Approach

A culturally based approach to this needs assessment was critical in order to ensure community engagement, authentic and reliable data, and use of results across Indian Country. Strategies employed for this project included:

- Multi-method design with an emphasis on qualitative data and face-to-face data gathering strategies.
- Involving community stakeholders at every stage, including methods and tools development and dissemination and communication strategies.
- Partnering with expert Native American child welfare experts who have worked in tribal child welfare to conduct telephone interviews and collect onsite assessment data. Expert consultants provided formal onsite and web-based training, coaching, and peer support on how to conduct the assessments.
- Comprehensive dissemination to ensure that all of the findings were shared with tribal communities in a timely and instructive manner.

Methods

The following data-collection methods were employed:

General survey. The general survey was an anonymous questionnaire that consisted of 85 multiple-choice, checklist, and open-ended items about general tribal child welfare needs across a variety of areas. The general survey was administered online through Qualtrics survey software and was made available to any interested tribal child welfare stakeholder (e.g., community members, tribal leaders, agency staff, and families). The survey was also distributed electronically in portable document format (PDF) and in paper/pencil form. An aggressive marketing campaign included mailing a brief project description and URL address to 564 tribal leaders, 564 tribal child welfare directors and tribal courts, and 60 regional and agency offices of the BIA. Newsletters, flyers, and magazine advertisements were

also employed as strategies to “get the word out,” although the most effective marketing seemed to be through direct telephone calls and word-of-mouth appeals.

Tribal child welfare director telephone interviews. Tribes were selected for participation in the telephone interviews in three ways. First, a stratified random sample of 30 Title IV-B tribes was selected based on size and region in order to ensure a representative sample. Second, ten non-Title IV-B-funded tribes were selected (based on geography and size) in order to gather input from smaller tribes. Third, the seven Title IV-E-funded tribes were invited to participate, for a total of 47 tribes. Consultants conducted telephone interviews with the 31 tribes that agreed to participate. The 16 tribes that declined to participate in the telephone interviews were invited to complete the general survey.

Onsite assessments. Twenty tribes were randomly selected based on a stratification of geographical regions (as defined by the CB) and of tribal population under the age of 21 (U.S. DHHS, ACF, CB 2009b). The initial list was modified slightly to ensure geographic representation by state as well as region. Of the 20 tribes selected and invited, 16 agreed to participate in the onsite assessment. NRC4Tribes and the assigned consultant(s) worked with each site prior to the onsite visit in order to coordinate interviews with the child welfare director and 6-8 key stakeholders and to administer the paper/pencil survey to child welfare staff. Each participant in the onsite assessments received an NRC4Tribes t-shirt and pen, and each family or youth interview participant received a \$25 gift card to thank him or her for participating.

Data Management and Analysis

Quantitative data from the general online and staff surveys were entered into Microsoft Excel and/or SPSS 18.0 databases for analysis. Telephone and face-to-face interviews were audio-recorded (with permission from the interviewee). Evaluators used ATLAS.ti 6.2 to open code interview data from 118 interviews and open-ended survey responses for analysis. The lead analyst developed the initial coding structure, then trained four other coders who used the developed

codes as well as continued to open-code interviews. Interviews were randomly selected for double coding, and regular meetings among analysts ensured inter-rater reliability.

Response Rate

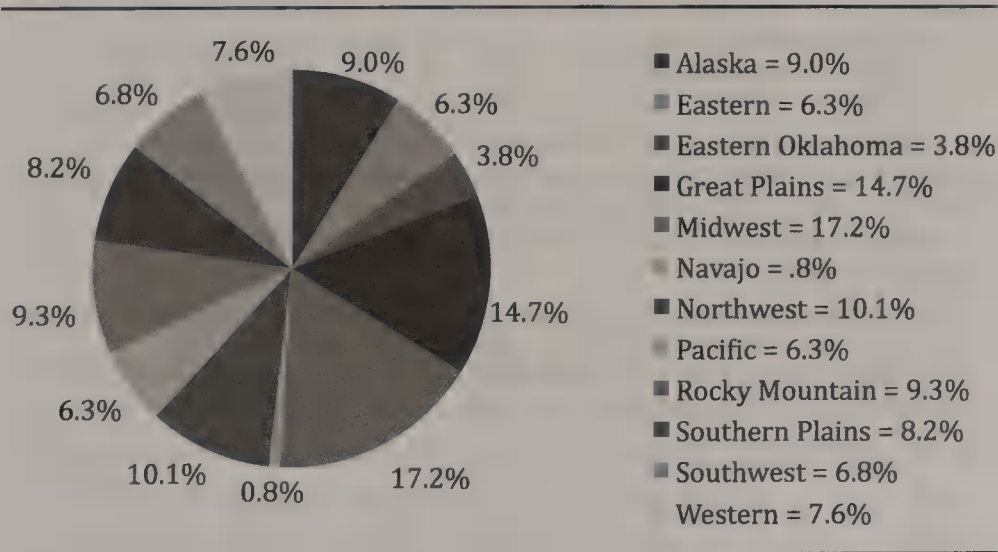
Data-collection efforts yielded 262 general surveys from 95 federally-recognized tribes, 42 tribal child welfare staff surveys from onsite assessments, 31 tribal child welfare director telephone interviews, and 118 stakeholder onsite assessment interviews. Overall, More than 400 individuals representing 127 federally recognized tribes participated in the NRC4Tribes needs assessment through either a survey or an interview.

Participant Demographics

Survey respondents represented 95 federally recognized tribes; 13 additional respondents indicated general affiliation with a nation or band (e.g., Cherokee or Apache but not a specific tribe) or indicated their clan membership rather than tribe. Interview participants selected for a telephone interview or an onsite assessment represented 47 tribes. Figure 1 shows the distribution of participants in the needs assessment by BIA Region.

Figure 1

Distribution of needs assessment participants by BIA Regions (*n* = 367)



Survey results indicate that more than half of the tribes represented (78 tribes, or 61.4%) receive Title IV-B funding. Of the 49 tribes that do not receive Title IV-B funding, nearly half (46.9%, or 23 tribes) have tribal enrollment sizes of 1,000 or less (U.S. DOI, Indian Affairs, BIA 2005). About half of the survey participants (47%) reported that they currently receive funding through a tribal/state IV-E agreement, and 11 out of the 45 directors who were interviewed reported that their tribe receives funding through a tribal/state agreement. Directors from seven tribes who currently have a Title IV-E direct planning grant also participated in telephone interviews. Half of the respondents were tribal child welfare staff, supervisors and directors (45.6% interviews; 43% of surveys).

Findings

Five overarching themes were identified through analysis of the survey responses and interviews, as shown in Table 1: Tribal Child Welfare Practice, Foster Care and Adoption, Legal and Judicial, Indian Child Welfare Act, and Tribal Child Welfare Program Operations (NRCT4Tribes, 201, p. 28).

Table 1

Needs Assessment Topic Areas

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- 1. Tribal Child Welfare Practice** addresses programs' approaches to practice; the inclusion of culture-based services; challenges to working with tribal families and communities; issues related to the infrastructure needed to support programs; and workforce issues that include the areas of staffing, capacity, training, and development.
 - 2. Foster Care and Adoption** describes the needs of tribal foster care and adoption programs and funding, recruitment, licensing, and training matters.
 - 3. Indian Child Welfare Act** addresses collaborations with state and county child welfare programs and courts.
 - 4. Legal and Judicial** discusses tribal children's codes, participants' experiences working with state/county, and tribal courts and child protection/multidisciplinary teams.
 - 5. Tribal Child Welfare Program Operations** discusses participants' experiences with tribal/state agreements and funding needed to operate programs.

Tribal Child Welfare Practice

Many tribal respondents articulated a need to expand their child welfare programs in order to meet the increasing service needs of families. Several practice infrastructure elements were commonly identified as critical needs:

- A documented practice model;
- A tribal children's code that aligns with the practice model, reflects the culture and value of the tribe, and meets federal child welfare requirements;
- Workforce development;
- Job descriptions and staff performance reviews;
- Formal assessment protocols and case management processes; and
- Electronic management information systems (MIS).

Similarly, some 77% of survey respondents identified the development of a practice model as a critical or moderate need area, and these findings were strongly supported by the qualitative data. Respondents suggested that a clear, culturally embedded practice model would clarify the focus of the child welfare program, set forth consistent practices, focus training efforts, and help tribal program managers articulate goals and needs for tribal government and community partners. Ensuring that child welfare practices and court practices are aligned was seen as critical for successful implementation. Developing case flow practices, culturally appropriate assessment approaches, and clear decision and case management processes were seen as structures that emerge from a clear practice model. Job descriptions, training and performance reviews should be aligned with the practice model as well; this is an area for development in many tribal settings.

The need for improved Management Information System (MIS) in order to track child welfare cases emerged as one of the most critical needs for training and technical assistance, with more than half of survey respondents indicating a critical need for automated case management and data systems, improved service monitoring, tracking ICWA efforts, and outcomes tracking for families. The majority of interviewed tribes do not currently have an MIS system. While

some of the smaller tribes reported that hard-copy case notes were sufficient for managing the number of cases they serve; the majority of tribes acknowledged the need for a more sophisticated system for tracking cases, so that they have more accurate and timely case management data. They felt that an MIS system would help them manage case-level data, share information with other agencies and tribal communities, identify areas of need for the program and for families that are served, and meet state and federal reporting requirements. Many tribes view MIS systems as a necessary structural element for operationalizing a documented practice model and facilitating consistent practice across programs.

The tribal child welfare workforce is seen as the area of greatest strength and greatest challenge for tribal child welfare programs. Respondents spoke of their staff's experience, skills, knowledge, ability to engage with families, and commitment to keep families together and children safe as being their program's greatest strengths. They spoke also of cohesion among staff and strong peer support. Many spoke of the ways that staff members rely on traditional healing practices to protect against burnout and vicarious trauma.

Nevertheless, long-standing and serious lack of funding has resulted in chronic understaffing, both in terms of numbers and expertise. Most programs are not staffed at the level needed to serve the volume of cases. Many tribes are in rural and isolated locations and have difficulty in both recruiting strong staff members and accessing training for them. In tribal communities, child welfare workers work closely with those they know well (and are related to), and with a population that experiences high levels of trauma and victimization, including historical and intergenerational trauma. Of course, both individual and collective trauma experiences affect workers directly as well. Respondents note also that in close-knit tribal communities, workers are close to the children they serve in multiple ways, putting them at higher risk for experiencing vicarious, or secondary, traumatization. This is seen as being exacerbated by workplace stressors such as lack of program resources, high caseloads, and few community partner resources. All of these workforce issues contribute to a heightened need for strong, culturally relevant training.

Foster Care and Adoption

Most respondents felt that foster care programs should be managed by the tribe in order to keep children in their families and communities and to maintain their connections to tribal culture and tradition. However, as in other areas of tribal child welfare programming, resources for program operations and worker salaries, foster home recruitment, and foster parent subsidies were described as “inadequate.” In addition, though many families are willing to take in children, rigorous state background checks and strict requirements for housing adequacy make it difficult for some tribal foster care providers to become licensed by the state.

A strong concern exists on the part of many tribes that state and federal policy requirements in regard to adoption present a barrier for them. In particular, they wish for stronger support for customary adoption options and more lenient time frames for termination of parental rights in order to promote reunification. This is particularly relevant for tribes operating in state or county agreements.

Respondents—both child welfare staff and foster parents—identified the following critical need areas to support foster care and adoption programs: foster parent training and support, stronger child assessment and disclosure of foster parent procedures, tribal child welfare support when foster parents interact with the state systems, stronger tribal foster care worker training, better coordination between tribal and state foster care programs, and increased training and support for non-licensed kinship care families.

The Indian Child Welfare Act (ICWA)

Most interview participants reported that states and counties comply with ICWA notification requirements when member children are taken into the custody, and that there are few jurisdictional disputes. Similarly, only 12% of survey respondents indicated frequent jurisdictional disputes, while 41% reported occasional disputes and 37% said disputes occur rarely. Nonetheless, many participants indicated in interviews that they believed that state/county workers do not fully understand, or correctly interpret, ICWA. This is seen as one of the primary barriers to successful collaborations. Additionally, respondents

identify state worker lack of understanding of important cultural norms and tribal practices as important barriers.

Many indicated that tribes do not have the financial resources and staff capacity necessary to address the large number of ICWA cases in states and counties across the United States that involve their member children. T/TA is needed to foster communication between the states and tribes in order to develop mutually agreed upon strategies in regard to ICWA compliance, collaboration between state and tribal child welfare departments on ICWA cases, and appropriate foster care services for American Indian/Alaska Native children.

Availability of tribal resources was a major consideration in whether a tribe requested a transfer of jurisdiction to the tribal court, which is a provision of ICWA. When tribes did not request transfers of jurisdiction, it was often because they could not provide the services needed by a child. Tribal participants reported that they often transferred cases in order to give families more time to complete requirements and to give tribal child welfare workers more opportunities to assist families in ways that were believed to be more culturally appropriate. Tribes also commonly transferred ICWA cases in order to avoid state courts from adopting children away from family, tribe, and community.

Legal and Judicial

Navigating the judicial system in Indian Country can be challenging, as most tribal communities are governed by both Federal and Tribal laws. Most tribes reported having their own tribal court and access to tribal attorneys that work directly with the child welfare program or for the tribe. Some 60% (150) of survey respondents indicated that their tribe's child welfare cases are handled by their tribal court, while 34% (85) reported that they are handled by state or county court. Some tribes use traditional Peacemaking Courts that employ the tribes' customs and traditions as a guide in settling disputes. The extent to which tribal courts worked effectively in partnership with tribal child welfare programs varied widely; however, some common challenges include high turnover of judges and tribal leadership and lack of resources for tribal courts to hear cases or adequately train personnel. Most child welfare

programs must also work with state and county courts, and again, perceptions about the effectiveness of communication and partnerships efforts with state and county courts varied tremendously across tribes.

The majority of tribes reported that their tribal child welfare codes needed updating, were in the process of being updated, or had recently been updated. Survey data supports the qualitative interview findings, as 46% of survey respondents identified revisions to their Children's Code as a critical program need. The most commonly reported reason for needed updates was that existing codes were derived from a state code or developed from a general template provided by the Bureau of Indian Affairs and were outdated. Respondents expressed the need for their code to reflect the tribe's cultural values and traditions, and to better align with practice.

Program Operations

Tribal/state agreements. Tribal/state Title IV-E agreements establish guidelines between tribal and state governments for the provision of child welfare services. Approximately half of the interviewed tribes have agreements with the state or states in which the tribe resides that allow them to operate Title IV-E foster care programs (providing for some or all Title IV-E reimbursement categories) and receive Title IV-E reimbursements for eligible services. Only 50% of those tribes that currently have an operating tribal/state agreement report that they are satisfied with the terms of the agreement and feel that consistently honored by the state. Some tribes reported positive working relationships with state child welfare representatives characterized by frequent communication through meetings, committees, child protection/multidisciplinary teams, and informal relationships and mutual trust. Several directors reported a strong working relationship with at least one person in state or county child welfare, and spoke about the time and effort required to cultivate mutual trust between the state and tribe. Conversely, the other 50% reported challenges with their agreements and overall relationships with their state, including a lack of communication, a lack of state/county adherence to the terms and spirit of the agreement (namely, failure of states to notify tribes as per ICWA), and issues with the agreement itself.

Program funding. The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351) allows for direct Title IV-E funding to eligible tribes for foster care, adoption assistance, guardianship placements, and independent living services. Tribes may apply for a one-time grant to assist in the development of a Title IV-E plan. Seven tribes received the initial federal planning grants to develop a direct Title IV-E plan in the fall of 2009, and four more tribes received these grants in the fall of 2010. Many participants reported interest in learning more about direct Title IV-E funding, and few tribes are currently exploring the feasibility of submitting a proposal. Survey results show that 22% were definitely interested, 21% were definitely not interested, and 57% were unsure. Despite the desperate need for program funding, participants expressed numerous concerns regarding direct Title IV-E funding, including lack of other funding sources to cover the match or pay for non-reimbursable Title IV-E services, lack of staff to perform the required case management or reporting functions, lack of data management systems to track and report case-level data, and an insufficient number of licensed homes in which to place children once a tribe has jurisdiction. Some tribes expressed reluctance about entering into an arrangement with either state or federal governments that would bind them to policy requirements around child welfare practice that conflict with tribal values or traditional approaches to practice. Some reported that they are taking a “wait and see” approach to determine how the planning grants to develop a proposal for direct access to Title IV-E works for other tribes before considering applying for a grant themselves.

Conclusion and Discussion

The National Resource Center for Tribal Child Welfare’s needs assessment explored the structure, operations, approach to practice, and organizational capacity of tribal child welfare programs throughout Indian Country. In addition, it identified the unique strengths of tribal child welfare programs, such as the incorporation of culture-based interventions and traditional practices, and the history,

environmental context, policies and laws that influence the provision of child welfare services to tribal families and children.

The authors of this report recognize that the more than 565 federally recognized tribes are each unique and distinguished by important differences such as geography, size, government, culture, values and philosophy. This study represents roughly a quarter of all federally recognized tribes. Despite methodological approaches to increase representation, such as stratified sampling based on geography and size, readers are cautioned not to generalize these findings to all tribes. The purpose of this assessment was neither to vaguely generalize all tribes into a common whole in which distinctions disappear (as is commonly done when referring to tribes) nor to compile an exhaustive list of how each tribe is unique and differs from others. Rather, this study looked for common themes in regard to tribal child welfare programs' strengths and challenges, tribal child welfare stakeholders' experiences, and the characteristics and factors that either facilitate or hinder effective practice.

Tribal child welfare is facing significant developmental challenges and opportunities where many programs need to build their organizational capacity in order to meet the growing complex social, emotional, and material needs of children and families living both within and outside of their tribal communities. According to these findings, many tribes are interested in implementing changes to increase the efficiency of program delivery, such as staff training, standardized assessment, documented practice models, and updated Children's Code and management information systems to manage case level data and track outcomes.

In particular, practice model development for tribes is an exciting area of emerging organizational capacity-building for both states and tribes. Many tribes find themselves ready to engage in the work of identifying practice principles and values, operationally defining standards, outcomes, and accountability measures and committing to an implementation strategy to use the model to guide practice. Currently, several tribes have enlisted the assistance of the CB T/TA network, including the Implementation Centers and the resource centers (particularly the NRC4Tribes and the NRC for

Organizational Improvement) to assist their efforts to develop practice models.

In a program-building capacity, tribes seek strategies that resonate with their cultural values and preserve or build on existing strengths, such as engaging with families, seeking to restore balance and health within families and communities, and keeping children within the tribe connected to their families and culture. Despite the ever-present and daunting struggles of limited staff and funding, tribes are motivated to provide the spectrum of child welfare services—including legal services, foster care, and adoption—to run their own child welfare programs in order to restore health and balance to the children and families that are their community.

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Continuum of Readiness for Collaboration, ICWA Compliance, and Reducing Disproportionality

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From 2008–2010, a California Breakthrough Series Collaborative (BSC) addressed the disproportionality of African American and American Indian/Alaska Native (AI/AN) children in public child welfare services in partnership with the Annie E. Casey Foundation, Casey Family Program, the Child and Family Policy Institute of California, and the California Department of Social Services. The result was the development of the Continuum of Readiness, to be utilized by California counties to make strategic decisions to achieve Indian Child

Welfare Act (ICWA) compliance and address AI/AN disproportionality through collaboration with tribes and urban Indian communities.

There are more American Indian/Alaska Native children (AI/AN, also referred collectively as “Indian”) under the jurisdiction of the California public child welfare system than would be expected based on the population of American Indian children. Given this disparity, many child welfare social workers have caseloads that include tribal youth, yet are challenged when interacting with tribes and urban Indian programs because of long histories of poor engagement and little or no relationships with tribes. From 2008–2010, the California Breakthrough Series Collaborative developed a Continuum of Readiness to help reduce disproportionality and make low-cost strategic decisions to achieve ICWA compliance, addressing disproportionate AI/AN cases through collaboration with tribes and urban Indian programs.

The Challenge: Addressing Disproportionality on County and State Levels

In many states across the United States, AI/AN children are disproportionately represented (National Council of Juvenile and Family Court Judges, 2011). The Adoption and Foster Care Analysis and Reporting System (AFCARS) provides information on those children who self-identify as AI/AN and are placed by state child welfare agencies in foster care. It is estimated that approximately two-thirds of AI/AN children in foster care are placed by state child welfare agencies and one-third to 40 percent are placed in foster care by tribal authorities (Earle, 2000). The Preliminary FY 2010 AFCARS Report shows that nationally,

As of September 30, 2010:

- There were a total of 408,425 children in foster care.
- 2 percent of children in state foster care systems (7,839 children) were AI/AN.
- 2 percent of the children waiting to be adopted in state foster care systems on September 30, 2010 (1,801 children) were AI/AN.
- 3 percent of the children adopted from the public foster care system (1,822 children) were AI/AN.

Nationally, AI/AN children were overrepresented in foster care at more than 1.6 times the expected level, and are overrepresented among the children in foster care who are awaiting adoption at two to four times the expected level (Maple & Hay, 2004). AI/AN children are significantly overrepresented in foster care in a number of states. (NICWA, 2007).

The 2010 California Department of Finance Child Population Projections (Needell et al., 2012) notes that, in the state:

- There are 37,230 Native Americans under the age of 18.
- The total population under 18 is 9,295,040.
- AI/AN children make up .4% of the state's population under the age of 18.
- 1.4 percent of children in publicly funded foster care systems (799 children) were AI/AN.

To put these numbers in context, it is useful to look at prevalence rates per 1,000 children across ethnic groups. In California, almost 22 out of every 1,000 NA children were in foster care.

Over the last 20 years, a shift has occurred from federal to local responsibility for social service and child welfare programs. Since Hunt et al. (2001) discussed this “devolution” and the need for greater collaboration, more effective practice initiatives have emerged (family to family, family finding, signs of safety, team decisionmaking, and active efforts). These efforts support the movement from child protection and removal to family services and prevention, which is in alignment with federal and private sector goals to reduce the number of children in care.

What supports exist for state and county collaboration with tribes and urban Indian service agencies? Currently, there are a number of policies that promote or require engagement with tribes to affect outcomes in child welfare. These include the Fostering Connections to Success Act (2008) and the Federal Child and Family Services Review (2001).

The Challenge: Historical Context

Since the boarding school era (1871–1940), Indian children have been removed from their homes and/or removed at birth from their

natural mothers to be raised by institutions and non-Indian families (Richland & Deer, 2010). The boarding school era was intended to assimilate Indians into mainstream American society (Adams, 1995). Although these efforts officially ended in the 1940s, the removal of Indian children from their homes and families continues to occur in the child welfare system. The Child Welfare League of America (2000) and the Bureau of Indian Affairs (2001) offered apologies for participating in these removals, which stripped Indian children from any link to their culture, traditions, and age-old parenting skills that had been handed down for millennia (Gover, 2000). Yet accounts exist of the time when Indian children and families struggled to maintain continuity of their original teachings of parenting. The DVD series *500 Nations* contains a segment on the boarding schools, offering an account of the differences between school- and home-based child-rearing:

One child spoke Indian to another child and the head master threw him across the room. Later we found out his collar bone was broken. The next day the child's father, an old warrior, came and spoke to the head master: "This is not how we raise our children. Kind words and good examples are much better." (Leustig, 2006)

The above account illuminates the differences between child-rearing in a tribal family setting and those that occurred in boarding schools and institutions. Many of the families in the system today have lost touch with traditional AI/AN approaches to child-rearing as a result of the boarding school era, making families more vulnerable to violence, abuse while lacking the protective and resilience factors associated with traditional AI/AN child-rearing (Brave Heart, 1998a).

How can we build a bridge across time and space for state and county social workers and tribes and urban Indian communities to achieve the simple, mutual goal of preventing Indian children from entering the system? And how do we assist counties in achieving this goal? One of the biggest challenges to addressing disproportionality and achieving Indian Child Welfare Act (ICWA) compliance is *collaboration*.

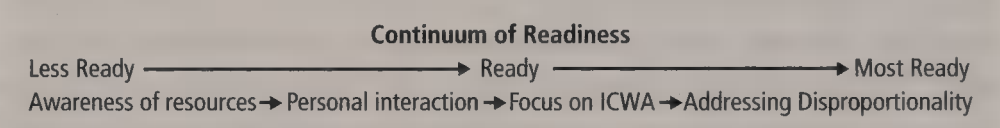
Genesis of the Effort: Building on Experience in Southern California

In 2003, the Academy for Professional Excellence, a project of the San Diego State University School of Social Work, was awarded a five-year grant from the Administration on Children, Youth and Families to improve outcomes for tribal rural foster youth who are transitioning to adulthood. Because of difficulty in attracting knowledgeable applicants for this program, the need to have authentic engagements and relationships with tribal communities became evident. The Academy sought advice and guidance from their tribal partners, Indian Health Council, Inc. and Southern Indian Health Council, Inc., both located in San Diego County. This process resulted in the development of the Tribal STAR (Successful Transitions for Adult Readiness) program, which provides training and technical assistance to county social workers for five Southern California counties: San Diego, Riverside, San Bernardino, Orange, and Imperial (Academy for Professional Excellence, 2008).

By conducting focus groups in each county and meeting with county social workers, tribal ICWA advocates, and tribal social workers, a number of themes began to emerge. Communication, it was found, was lacking or strained between the counties and tribes or tribal representatives—a problem that had been magnified by recent or historic events. County social workers were largely unaware of the resources available to tribal youth in their care, and often requested additional training and awareness to assist in future communication and engagement. Tribal children were also not being identified in the system, and were often misplaced with no connections to their cultural origins.

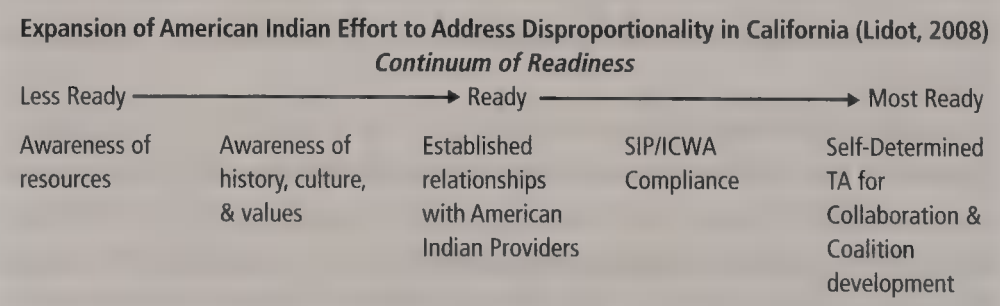
In July 2008, a collaboration led by Casey Family Programs coalesced to fund and support the California Disproportionality and Disparities Project, an effort to improve outcomes for AI/AN and African American children and families in the child welfare system. The project was based on Breakthrough Series Collaborative methodology emphasizing small tests of change to implement rapidly for practice improvement (Miller, 2003).

Members of the project reached out to the American Indian community to participate as faculty in the 24-month-long effort, and recruited the leadership from the Tribal STAR. As a result of this collaboration, the California American Indian Enhancement Project (AIE) evolved and developed a toolkit to assist counties in putting their ICWA-related efforts into perspective. Central to the toolkit is a framework called the *Continuum of Readiness*, which was developed to assist counties in their collaborative efforts with tribes and urban Indian programs (see below).



The continuum was based on the experience of ICWA trainers who, over time, recognized that the same questions were asked by county social workers during ICWA-related training. These recurring questions were plotted on a continuum from counties with no interaction with tribes to counties with successful collaboration with tribes.

An overview of how the Continuum of Readiness would be used in the BSC is described below (Lidot, 2009). The following charts provide an overview of the approach to implement Continuum of Readiness as a framework; a logic model that links the problem with goals, objectives, and outcomes; flowcharts (I & II) to assist agency leadership in determining their position within the Continuum and possible next steps to enhance collaboration; and a tool for counties to track their position and progress on the Continuum of Readiness.



The approach was as follows: To implement a simple assessment that determines the top priorities of interested counties in

the following areas: (1) awareness of culturally-relevant resources to support addressing disproportionality (clinics, ICWA services, American Indian and tribal services, Tribal TANF, etc.); (2) awareness of American Indian culture, history, and values that can increase culturally responsive social welfare practice; (3) establish relationships with American Indian agencies, community members, community leaders, and providers that serve youth in the system; (4) support for developing realistic and achievable goals and/or objectives in their county System Improvement Plan, which includes American Indian / tribal stakeholders; (5) improving ICWA compliance; (6) technical Assistance and support for future or existing coalitions that are working to address gaps and challenges faced by county child welfare systems and local American Indian ICWA service providers; and (7) "other" self-identified efforts that must be clearly related to supporting collaboration with tribes and AI programs. The objective is to support county readiness for addressing disproportionality through collaboration. The ultimate goal of all technical assistance is to establish trust-based relationships between county principals, American Indian communities, and ICWA service agencies (see Table 1).

Today, the AIE continues as a collaboration with the Administrative Office of the Courts, the California Child Welfare Co-Investment Partnership, the California Dept of Social Services, the California Department Social Work Education Center, Casey Family Programs, the Child and Family Policy Institute of California, the National Resource Center for Tribes, the Stuart Foundation, and Tribal STAR.

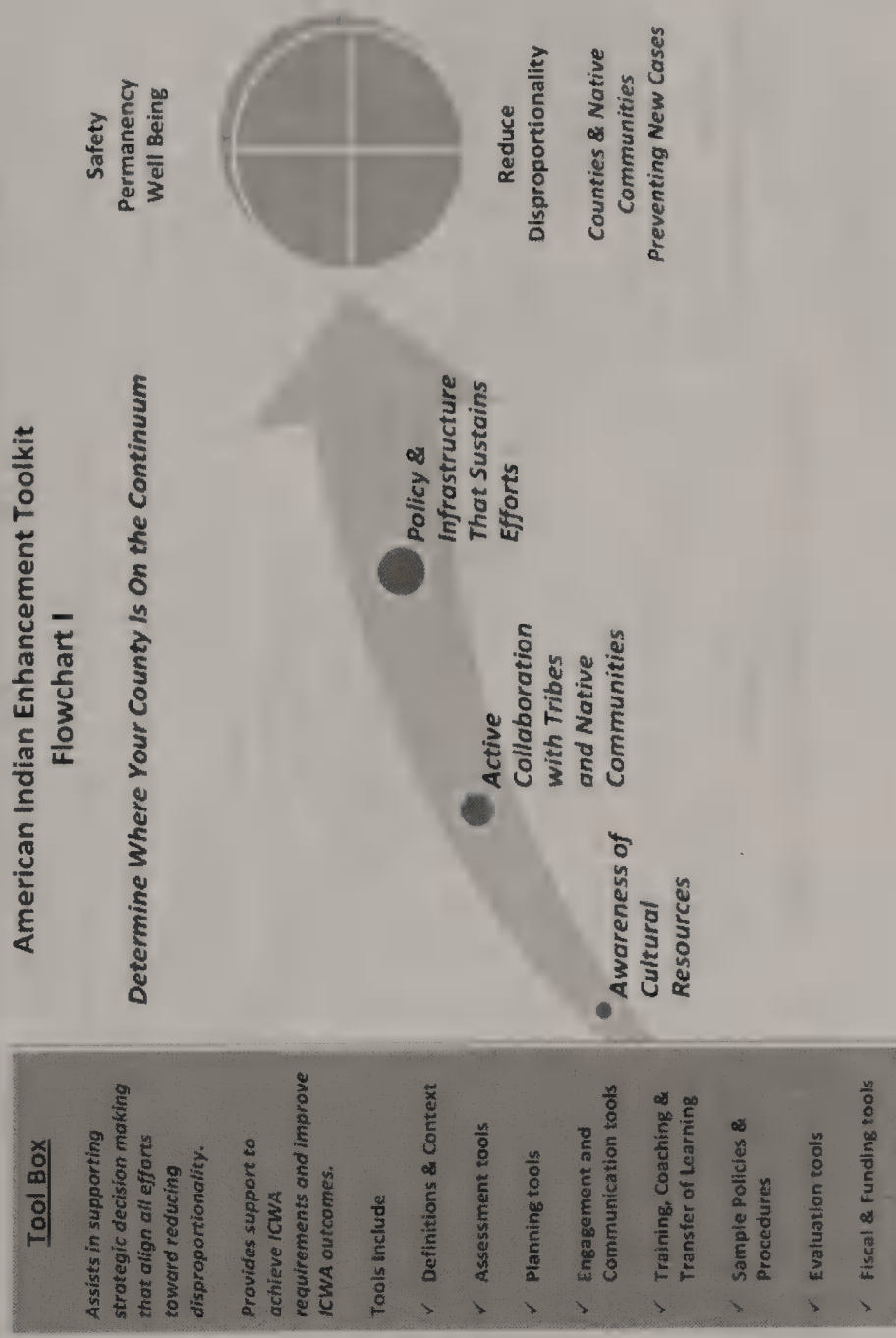
During the Breakthrough Series Collaborative effort, two documents were developed: *Following the Spirit of ICWA* (www.courts.ca.gov/documents/Tribal-FollowSpiritICWA.pdf), and *Reasons Why People Do Not Claim Their American Indian Heritage* (www.courts.ca.gov/documents/Tribal-ReasonsNotBACAIRSF2010.pdf).

Critical to the success of building collaboration are (1) county's ability to achieve authentic relationships with the appropriate tribes and tribal representatives, and (2) valuing elders in the process (Morrison, 2003).

Table 1**American Indian Expansion Effort Overview**

Problem	Goal	Objectives	Outcomes	Long-Term Outcomes
Disproportion of American Indian children in child welfare system of California	Establish readiness of county CW systems to work together with local American Indian communities and agencies to address disproportion	Respond to interested counties via existing BSC effort. Implement assessment to determine readiness for and desire to achieve the following: Awareness of resources, Tribal and non-Tribal that strengthen relationships Awareness of American Indian culture and communication Establishing relationships with Tribal representatives and American Indian programs Increasing Tribal involvement for county SIP / ICWA and other child welfare goals Support for future or existing coalition building with Tribes and American Indian programs Other (must be clearly related to supporting collaboration with Tribes and AI programs)	Current BSC counties increase AI efforts Measured use of resources Staff awareness and improved culturally sensitive practice Increased communication supportive of long-term trust based relationships Increased AI support to achieve SIP outcomes / ICWA compliance Strengthened relationships, and agency support and TA	Increase cultural awareness within CA BSC Increased readiness to move towards relationship building among CW stakeholders Stronger relationships supportive of addressing disproportionality Stronger relationships that result in ICWA compliance Productive collaboration

Toolkit Flow Chart I AIE Toolkit



American Indian Enhancement Toolkit Flowchart II

Cost reduction by
reducing ICWA-related
appeals



Prevention of new
cases as Counties and
Tribal Communities
Work Together

Utilize toolkit
and TA
Support to
Realize Goal

Identify
potential
simple goal to
achieve in 1
year*

Assess where
your county is
in the
continuum

Tool Box

The American Indian Enhancement (AIE) Toolkit is intended to put a county's ICWA-related efforts in perspective and to assist in making informed strategic decisions.

- ✓ Definitions & Context
- ✓ Assessment tools
- ✓ Planning tools
- ✓ Engagement and Communication tools
- ✓ Training, Coaching & Transfer of Learning
- ✓ Sample Policies & Procedures
- ✓ Evaluation tools
- ✓ Fiscal & Funding tools

*Some Examples:

- Strengthening awareness by sending interdepartmental staff to ICWA- and collaboration related training.
- Increase collaboration with Tribal communities by inviting Tribal reps to ICWA - and collaboration-related training.
- Transfer of Learning Focus on Improved Culturally Appropriate Inquiry
- For More Examples See [Add Link to County Readiness Continuum]



Assess Your County's Progress on the Continuum of Readiness

→ Awareness of resources, history, culture, & values → Collaborative relationships with American Indian providers → ICWA compliance/CSA/PQCR/SIP/CFSR → Achievement of federal goals for safety, permanence, well-being; and reduction of disproportionality	Do you and/or your staff: ○ Have an updated list of Tribal-related resources to support children and families? ○ Know who the contacts are for children and family services at the local Indian Health clinic, social service agencies, Title VII Indian Education, and Tribal TANF offices? ○ Have updated information about local Tribe(s) and their ICWA designated agent(s)?	Do you and/or your staff: ○ Have active communication with representatives from any of the local Tribal service agencies? ○ Have active communication with ICWA advocates and Tribal ICWA representatives? ○ Have any county-Tribal relationships that could be improved at this time? ○ Invite Tribal representatives to participate in ICWA-related trainings or other collaborative meetings?	Does your agency: ○ Actively involve Tribal representatives in CSA, PQCR, and SIP efforts? ○ Work with local Tribes and Tribal service agencies to ensure active efforts and referrals to services? ○ Invite Tribal ICWA advocates and ICWA representatives to discuss potential MOU's and MOA's to increase accessibility to services by ICWA identified youth? ○ Have future opportunities for Tribes and Tribal agencies to participate in policy development?	Does your agency: ○ Involve Tribes and Tribal service agency representatives in discussion forums to manage problems with cases? ○ Work collaboratively with Tribes and Tribal agencies to ensure active efforts and access to resources for prevention before cases enter the system? ○ Have clearly identified lines of communication between agency and Tribal ICWA advocates and ICWA representatives to respond to cases early? ○ Have active discussions with Tribes and Tribal agencies about current caseloads and how to prevent new cases?
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These became key elements in the Breakthrough Series Collaborative model:

The PCWA, together with the Tribe/community, develops strategies and evaluates data to determine the impact of policies, programs, practices, and decisions designed to eliminate racial disproportionality and disparities. This work is rooted in the Tribe's/community's values, as defined by the Tribe/community itself. The PCWA responds to a Tribal/community driven process to support the development and provision of needed racially and culturally appropriate services as identified by the Tribe/community, including services focused on prevention and diversion from child welfare involvement in the neighborhoods from which children come (Agosti, 2011).

The Value of an Elder's Presence

An additional component to the implementation of the Continuum was incorporated from the Tribal STAR project. Understanding tribal values meant understanding the value of an elder's presence during the effort. The presence of the elder as part of the training team immediately created credibility with the tribal community who participated in the training. Acceptance of the trainers by the tribal and non-tribal community was important in order to begin to build the desire for establishing collaborative relationships between the two communities.

The elder serves as the spiritual leader for the team and for the training efforts. The elder is also the arbiter of differences, having the last word in how a certain activity will proceed. In cases where dissension or disruption of training occurred, the elder was the one who approached the offenders and with the respect and authority granted by his role, was able to diffuse issues and allow for the continuation of training.

The elder is also the repository of experience in the field of child welfare and is able to address questions and issues that came forward in the training. He helps the training move forward by providing stories about the culture, growing up, family, and how family

operates as a protective factor (Dennis, 2009). The elder embodies the elements of respect: respect for the mere ability to survive, respect for the wisdom gained in living a long life, and respect gained by experiencing many situations that can then be recounted to help guide conversations.

Implementation Challenge: ICWA Awareness and Compliance

One of the most common challenges for child welfare staff in collaborating with tribes and urban Indian programs is the lack of understanding of ICWA and a history of non-compliance with the act. Without support for ICWA within child welfare agencies, tribes and urban Indian communities may perceive removal of Indian children as a continuation of the boarding school era. This is often due to a lack of ICWA training for social workers, and many states and counties have no standardization of ICWA training requirement for these individuals.

One of the most commonly asked questions from child welfare social workers is “Why place an urban American Indian child who has little or no interaction with their tribal community within culture?” Social workers are often unaware that the Indian Child Welfare Act is a remedial act, one that responds to the many years of removal of Indian children from their families, reservations, culture, and tribal values. This loss of identity, the instillation of conflicting value systems, and the neglect of time-honored teachings related to self-care and parenting can result in suicide, substance abuse, self-destructive behavior by Indian children and adults (Brave Heart, 1998a).

There is the perception that a county social worker will only encounter a few ICWA related cases in California, and thus, counties are often unprepared to respond. In surveying 58 counties within the state, it was determined that some maintain a conservative approach to ICWA by only ensuring its services to those children who are enrolled within their tribe or are eligible for enrollment. This leaves many children and families who were affected by the 1950s removal era (Reasons, 2011) to fall through the cracks because they no longer have ties to their reservation communities.

With the passage of California Senate Bill 678 (Probation Reform in California, 2009), California ICWA codes strengthened the ability of children who are not eligible for enrollment and who are from a non-federally recognized tribe to receive ICWA services at the discretion of the judge presiding over the case. The concept of expanding services to children who are not eligible for enrollment or are from non-federally recognized tribes is understood as *following the spirit of ICWA*. When the Tribal Caucus of the California State ICWA Workgroup was approached with the question “What is the benefit of following the spirit of ICWA?” the response was that if deemed ICWA-eligible, children would have more resources made available to them. By following the spirit of ICWA, additional tribal social services are available to these children, regardless of whether or not they are enrolled with a tribe. These services can include Tribal TANF (Temporary Assistance for Needy Families) and Title VII Indian Education (which provides cultural identity-development and cultural restoration as well as tutoring and support for completion of primary education). Additionally, by increasing the circle of resources to include tribal and urban Indian service providers, the burden of cost is reduced for public child welfare agencies.

These programs also begin to address the effects of historic traumas, including the boarding school era (1880–1970), Indian Removal (1950s), and the Termination Era (1950–1970s). Historical trauma (HT) is cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences. The historical trauma response (HTR) is the constellation of features in reaction to this trauma (Brave Heart, 1998, 1999a). As the HTR is passed on across generations, intervening with parents can often ameliorate the intergenerational transfer of substance abuse (Garbarino, Dubrow, Kostelny, & Pardo, 1990; Yellow Horse & Brave Heart, 2004).

Since the 1980s, there has been an increased focus on services and programs that emphasize resilience and protective factors that assist Indian children to remain within culture. This supports following the spirit of ICWA: “Tribes and Indian organizations in all parts of the country are coming to feel that their youngsters will make better

choices about alcohol and substance use if they recognize and understand their tribal backgrounds” (Gale, 1985).

A number of AI/AN substance abuse prevention models now incorporate traditional cultural activities. Spiritually oriented practices, such as purification lodges, smudging, talking circles, and dream work facilitate youth healing (Sanchez-Way & Johnson, 2000). Additional cultural activities also include learning traditional languages and crafts, cooking traditional foods, and engaging in subsistence activities such as hunting, fishing, and berry-picking. In their review of literature, Sanchez-Way and Johnson found that although the effect of culture upon substance abuse is indirect and acts through family and peers, some literature indicates that AI teens who identify with their culture are less likely to drink alcohol (Sanchez-Way & Johnson, 2000). They also advocate that AI substance-abuse prevention projects combine traditional cultural components with other demonstrated approaches. (Yellow Horse & Brave Heart, 2004).

The literature on protective factors suggests that parents’ encouragement of their children to establish life-goals is significant. The disempowerment and oppression of AI/AN individuals, along with the prohibition of openly-practiced Native spirituality, has historically impaired the ability to dream about the future, to set life goals, and to find one’s spiritual path (Yellow Horse & Brave Heart, 2004).

Implementation

Early on, the project began to develop products to support culturally sensitive social work practice, a number of digital stories, and a full-length educational video entitled *FACES* to accompany the documents *Following the Spirit of ICWA* and *Reasons Why People Do Not Claim American Indian Heritage*. Armed with new educational products and justification for ICWA compliance, the faculty began assessing the needs of the counties through conference calls and face-to-face meetings. The ultimate goal was to identify small changes within counties that would support efforts addressing disproportionality and involving collaboration with tribes and urban Indian programs.

The team contacted unit supervisors and managers, social workers, evaluators, tribal ICWA advocates/social workers, and community members. Some counties had little or no contact with tribal representatives, while others had ongoing relationships and standing meetings that helped address case challenges and strengthen system responses to ICWA cases.

In those cases where there was little or no contact with tribal representatives, a face-to-face meeting with both county social workers and tribal ICWA advocates/social workers was recommended. The ability to communicate between governments and agencies had deteriorated due to history of cases in which Indian children were removed and placement did not follow ICWA requirements. Trust and communication had deteriorated, and the challenge was to find a common goal for all parties to work toward. In order to achieve this, a meeting needed to be scheduled whereby tribal ICWA advocates/social workers and tribal community members could air their grievances and vent their frustrations to county directors and supervisors. The challenge for the faculty was to stay focused on building effective communication (for example, asking county staff to verbally summarize what concerns were aired, and vice versa), and allow for county staff to vent their concerns and frustrations. The second part of the process was to identify solutions; the challenge in this case was to stay focused on addressing top concerns. The third part of the process involved strategic planning, identifying next steps, and vetting the plan for both county and tribal stakeholders.

Counties with established relationships needed some guidance to strengthen their collaborative relationships. In these cases, it was helpful to identify ways to institutionalize and/or codify the relationships so that collaboration could be maintained. Developing a Memorandum of Understanding for tribal input and participation in county and state initiatives, strengthening and codifying local ICWA policies that define specific training competencies, and setting policies and procedures that ensure communication between county social workers and tribal ICWA advocates/social workers, all increased confidence in ongoing collaboration.

County Responses to TA and Outcomes

The following achievements were documented by the end of the Breakthrough Series Collaborative, with additional progress notes to date.

Alameda County: Strengthened collaboration with the Bay Area Collaborative of American Indian Resources (BACAIR), a local collaborative that unites services for AI/AN tribal youth in CWS. Alameda also implemented a concentrated effort to ensure proper identification of AI/AN youth.*

Fresno County: Strengthened communication and relationships with local tribal ICWA designated agents. Established additional linkages between tribal representatives and multiple county departments, and revised their ICWA policies and procedures.**

Placer County: Established a Native Family Services Team to manage ICWA cases, includes ICWA related policies and procedures.

Update:

- Established additional linkages between tribal representatives and multiple county departments including the courts.

San Diego County: Developed a collaborative team called the Seventh Generation, and supported the development of Club 7, a support group for American Indian foster youth and friends.

Update:

- San Diego also filmed a video, *A Parent's Guide to Child Welfare Services and the Juvenile Court: ICWA Version*, which is currently used as an engagement tool to increase the reunification of Native American parents and their children involved in the child welfare system.

▪ Provided background information for the document *Reasons Why People Do Not Claim To Be American Indian*.

** Provided background information for the educational fact sheet *Following the Spirit of ICWA*.

- Reduced disproportionality from 1.2% 2007 to 0.9% in 2010 (Indian Specialty Unit, 2011).

San Francisco: Strengthened collaboration with the Bay Area Collaborative of American Indian Resources (BACAIR), a local collaborative that unites services for AI/AN tribal youth in CWS.**

Update:

- MOU signed by the Native American Health Center, which will enhance access to culturally competent wraparound support services for AI/AN and indigenous children and youth with or at risk of serious emotional disturbances.
- Inclusion of the AI/AN heritage question on the new ER Investigative Narrative.
- Standardization of the question at the TDM and at the Linkages case coordination meetings (which all help to create awareness instead of reinforce stereotypes and assumptions).
- Increased awareness among staff and the FRCs through AI/AN trainings.
- A new Parent's Guide, which includes a paragraph about AI/AN heritage.

The California American Indian Enhancement Project created a website with an online toolkit for California counties to utilize the relevant products and access technical assistance should they want to improve ICWA compliance and reduce disproportionality.

Lessons Learned and Considerations for Adaptation

Some California counties had tribes and reservations within their service areas. These counties have the ability to cultivate direct relationships with their local tribes. This issue has implications, particularly when addressing concerns such as noticing identified tribes and access to culturally appropriate resources. The stronger the relationship with the local tribe, the greater potential exists to collaborate with other stakeholders—such as law enforcement, probation, and the courts. This sets the stage for active participation

in the prevention of cases by identifying and serving at-risk children and families before they enter the system.

Some counties have no reservations or tribes, and may be located in high-density urban areas. These counties often have no central point of contact when addressing the needs of Indian children. Urban Indian programs often focus on the needs of children through Title VII Indian education, Tribal TANF, and children's services. Many areas have formed coalitions to reduce service gaps. Many of the tribal children and families in urban areas are from other areas of the country and may have little contact with their tribe or village. In these areas, county social workers should also identify programs that support cultural restoration and be aware of cultural events such as American Indian Day (September), pow-wow schedules (summer), and local tribal customs and events. Currently, there are few models of success for counties wanting to collaborate with urban Indian programs for the purpose of addressing the needs of Indian children in the child welfare system.

Issues of communication, protocol, and collaboration with tribes may be different from urban Indian programs. This illuminates the value of cultivating relationships with local tribal elders, who can serve as gatekeepers and mediators.

Considerations for Adaptation of the Continuum of Readiness

Every county and state has its own unique history with local tribal peoples. Each tribe and urban Indian community has its own account of this history. These histories have resulted in the current relationships, and should be carefully examined when state/county child welfare agencies want to cultivate relationships with their local tribes and urban Indian programs.

The Continuum of Readiness is a simple tool that lays out a sequence of knowledge- and action-related steps that strengthen collaborative potential. Authentic engagement and on-going commitment toward solution-building and transparent communication are critical components to achieve collaboration.

At the agency level, front-line staff are most in need of engagement skill building since they will interact the most with Indian children and families. Additionally, managers, supervisors, and directors need to establish ongoing relationships with key tribal and urban Indian stakeholders in order to show their commitment to working collaboratively.

Counties that encourage collaboration with law enforcement, probation, the courts, tribes, and urban Indian services have the ability to address ICWA compliance and address disproportionality (Indian Specialty Unit, 2011).

Collaboration with tribes and urban Indian programs is intentional. At every opportunity, those who are committed should state their collaborative intention to assist Indian children and families at risk of entering the child welfare system—and to assure that this intention is carried out in a culturally respectful manner.

Conclusion

At a time when county, state, federal, and tribal budgets lie at the crossroads for reauthorization, cost-effective strategic decisions can still be made to improve county readiness and collaborate with tribes in an effort to achieve ICWA compliance and address disproportionality. Simple decisions, such as including tribal representatives in ICWA training for social workers, can be a defining step toward trust-based collaboration. Utilizing the Continuum of Readiness provides a thoughtful process of strengthening collaboration between state and county child welfare agencies, tribes, and urban Indian programs.

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A Collaborative and Trauma-Informed Practice Model for Urban Indian Child Welfare

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Preventing the breakup of the American Indian family is the fundamental goal of the Indian Child Welfare Act (ICWA). However, few models exist to provide CPS workers and other practitioners with effective and practical strategies to help achieve this goal. This article presents a collaborative and trauma-informed family preservation practice model for Indian Child Welfare services with urban-based American Indian families. The model encompasses both systemic and direct practice efforts that assist families facing multiple challenges in creating a nurturing and more stable family life. System-level interventions improve the cultural responsiveness of providers, encourage partnerships between CPS and community-based providers, and support ICWA compliance. Direct practice interventions, in the form of intensive case management and treatment services, help parents/caregivers become more capable of meeting their own and their children's needs by addressing challenges such as substance abuse, trauma and other mental health challenges, domestic violence, and housing instability. Evaluation of the practice model suggests that it shows promise in preventing out-of-home placement of Native children, while at the same time improving parental capacity, family safety, child well-being, and family environment.

Working with urban American Indian (also referred to herein as “Native”) families with child welfare issues requires that Child Protective Services (CPS) workers possess a commitment to family engagement and preservation, while utilizing case management skills, knowledge of Native history, and a trauma-informed approach. This article presents a child welfare intervention model for urban Native families based on a decade of service provision (comprising family preservation, reunification, and ICWA advocacy services) to more than 1,000 Native families by the community-based Denver Indian Family Resource Center (DIFRC), which works collaboratively with public child welfare agencies in the Denver metropolitan area. Evaluation of the model and its discussion in this article focuses on its use with families receiving family preservation services in two targeted programs (a total of 72 families).

The vast majority of American Indians now reside in urban areas (U.S. Census Bureau, 2004); thus, an urban Indian is an individual who lives in either a large U.S. metropolitan area or a smaller city or town rather than on a reservation or in a tribal community. The challenges faced by American Indian families living in cities may include environmental problems such as housing insecurity, unemployment, and criminal justice system involvement, in addition to clinical issues such as untreated mental illness, substance use, and severe trauma histories. This combination, coupled with cultural and worldview differences, may make it difficult for workers to know where to begin in an Indian Child Welfare case (Lucero, 2007). However, DIFRC’s model has demonstrated that certain practice interventions can help multi-problem families develop skills, create a nurturing family life, and regain hope.

Historical Context

The troubled history of American Indian families in the child welfare system is intimately linked to the painful history of Federal Indian Policy and accompanying actions that destroyed community and family ties. By the end of the nineteenth century, Indian tribes had been decimated and displaced by war, disease, and federal

policies, and thousands of children had been removed to distant boarding schools whose goals were to sever family and tribal ties and educate Native children in the ways of the dominant white culture (Adams, 1995; Hoxie, 1989).

During the twentieth century, policies and practices continued to break up families and erode the well-being of American Indians. Despite the protests of Native parents, family members, and tribes, by mid-century the Indian Adoption Project—a joint effort of the Child Welfare League of America and the Bureau of Indian Affairs—had resulted in a widespread adoption of Native infants to white families (Cross, Earle, & Simmons, 2000; George, 1997). Older Native children continued to be sent to boarding schools, where they often experienced physical and/or sexual abuse, and where the environment typically deprived them of normal attachment and a nurturing family life (Goodluck, 1980). It is important that CPS workers have an understanding of the continuing impact of this history on contemporary Native families, and of the historical trauma that has ensued from it, as a first step in working in a culturally responsive way (Braveheart & DeBruyn, 1998; Lucero, 2007; Weaver, 1998).

In addition to historical trauma, American Indian families also experience high levels of lifetime trauma, including violence (Greenfield & Smith, 1999; Evans-Campbell, Lindhorst, Huang, & Walters, 2006), premature death (Manson, Beals, Klein, Croy, & AI-SUPERPFP Team, 2005), and racism (Duran, 2006). Agencies serving American Indian families may need to provide either trauma-specific or trauma-informed services, or both. Trauma-specific services include direct mental health interventions to reduce symptoms of PTSD or other mental health consequences of trauma (Herman, 1997; Bussey & Wise, 2007). Trauma-informed services, offered by agencies that are not primary providers of therapy, are based on an understanding of client trauma and a commitment to avoiding methods and policies that re-traumatize individuals (Harris & Fallot, 2001; SAMHSA, n.d.).

An understanding of history and historical trauma is also crucial to understanding the need for the Indian Child Welfare Act of 1978 (Public Law 95-608, 1978). ICWA was passed at the request of tribes

who called for efforts to stem the loss of their member children. The Act's intention was to prevent Indian children who became involved in the child welfare system from losing connections to their tribal cultures and families. However, removal of Indian children and placement with non-Indian families has continued at disproportionately high rates (Mannes, 1993; Plantz, Hubbel, Barrett, & Dobrec, 1989). For example, in Colorado, American Indian children 18 and under are only 0.45% of the total population; however, they make up 2.2% of the state's child welfare caseload and 2.5% of the foster care population (Colorado Department of Human Services, 2005). Disproportionately high rates of placement for American Indian children have also been documented in California (Magruder & Shaw, 2008), Minnesota (Johnson, Clark, Donald, Pedersen, & Pichotta, 2007), and Iowa (Richardson, 2008).

There have been several studies focused on the child welfare needs and experiences of urban American Indians, who now comprise more than 64% of the total Native population of the U.S. (U.S. Census Bureau, 2004). Mindell, Vidal de Haymes and Francisco (2003) described the systems interventions, such as enhanced training for CPS workers, ICWA advocacy, and capacity-building, that resulted from a collaboration between university, state and community partners in Illinois. Richardson (2008) provided the results of a demonstration program implemented in Iowa to reduce placement disparities for American Indian children. This program, which utilized an American Indian liaison to the Department of Human Services and the introduction of collaborative and empowering work with American Indian families, resulted in fewer out-of-home placements and increased satisfaction both in families and among CPS workers. Both articles point to the importance of systems interventions in order to increase ICWA compliance and to improve families' experiences. The current article adds to the literature on working with American Indians by presenting a practice model that incorporates both direct services for child welfare-involved Native families and systemic interventions at the CPS and community levels.

A Practice Model for Urban Indian Child Welfare: The DIFRC Family Preservation Model

The Denver Indian Family Resource Center (DIFRC) was established in 2000 as a resource for American Indian families involved with child welfare systems in the seven-county metropolitan Denver area. The agency works collaboratively with public child welfare systems to provide intensive case management and culturally responsive services in family reunification and preservation cases, ICWA advocacy on behalf of families and tribes, and access to an extensive referral network of service providers skilled at working with American Indians. Since its inception, DIFRC has actively developed collaborative partnerships and formal working agreements with county child welfare departments in the Denver area. This collaboration has enhanced services to American Indian families through systemic changes in child welfare departments, such as the development of protocols for early identification of American Indian children and training in culturally responsive services to improve practice skills for caseworkers and supervisors. Direct practice services offered by DIFRC to American Indian families have included case management, advocacy, referrals for substance abuse *and* mental health evaluation and treatment, parenting and other psychoeducational groups, and activities for youth and parents that strengthen cultural involvement and cultural identity. Together, these collaborative and systemic efforts and direct services comprise the agency's intensive family preservation practice model for urban Indian child welfare.

The DIFRC Family Preservation Model (DIFRC FPM) supports the call of the Indian Child Welfare Act to provide remedial services and rehabilitative programs intended to prevent the breakup of the Indian family. As such, the model's direct practice interventions are intended to strengthen Native families to ensure that children are in homes that are safe and nurturing, and that parents/caregivers are healthy, balanced, and capable of meeting their own and their children's needs. The model's systemic interventions outline CPS and community practices that strengthen collaboration, improve the cultural responsiveness of providers, and support ICWA compliance.

The direct practice and systemic interventions of the DIFRC FPM are summarized in Table 1.

The direct practice interventions in the model are delivered through concentrated and family focused case management services that help build family capacity and self-sufficiency, and recognize the importance to children of maintaining connections to their tribal cultures and extended family networks (both in the city and on the reservation/tribal community). To date, the DIFRC FPM has been implemented only with urban American Indians, and its interventions have not been tested in tribal child welfare settings. However, the trauma-informed approach of the model, as well as many of its direct practice interventions, would be appropriate for use with American Indian families regardless of urban or tribal setting. In addition, in a recent large-scale national needs assessment, tribal child welfare programs indicated a need for child welfare practice models that can enhance family engagement and increase collaboration with state and county CPS departments (Leake, Lucero, Walker, & McCrae, 2011).

Services to each family begin with an early intervention meeting, such as a Team Decision-making Meeting (TDM) convened by a CPS department or a similar family decision-making meeting set up by DIFRC. This meeting follows quickly after a family contacts DIFRC or is referred by CPS or another community agency. Meeting attendees can include family members and their support persons, service providers, CPS representatives, the DIFRC family preservation worker, and other appropriate parties; the goal of the meeting is to identify family strengths and challenges and develop an initial safety plan for the child(ren). Following this meeting, the direct practice interventions of the model call for a series of strengths-based, culturally appropriate, and trauma-informed assessments; concentrated and family-focused case management services individualized for each family; referrals for material resources; and evaluations for medical, substance abuse, and mental health issues (including PTSD). And, when indicated, appropriate treatment for those areas that have been identified as impacting individual and family well-being is arranged. Families with substance abuse issues (noted by CPS or disclosed by

the family) receive a formal substance abuse evaluation, and, if needed, are referred for inpatient or outpatient services. Families are also invited to participate in groups available at DIFRC, such as the Nurturing Parenting Program, the Fatherhood and Motherhood is Sacred program, and other activities that strengthen cultural identity and connectedness.

Family preservation case managers, while not providing mental health interventions (which are instead provided by Native psychologists associated with DIFRC), use a trauma-informed approach in their work within the DIFRC FPM. This includes recognizing and respecting the trauma that families have experienced and the historical trauma they may bring up in narratives about their family background. Furthermore, in weekly supervision, case managers are educated about trauma responses frequently seen among American Indians, encouraged to recognize and assess ways in which trauma responses may be creating barriers to fulfillment of family service plan components, and trained to discuss with CPS workers the role that trauma may be playing in client behaviors or responses.

The systemic interventions of the model take place between DIFRC and the child welfare system and/or a network of community-based service providers. These systemic interventions ensure that CPS and others involved with Native families are culturally aware and responsive, and they encourage multidisciplinary collaboration between service providers, CPS, tribes, DIFRC, and families. At the foundation of these interventions is the goal of identifying Native children and families at their first contact with a CPS department and quickly referring them for services at DIFRC. The model encompasses strategies that assist CPS workers in helping Native children remain with their families whenever possible—or, if out-of-home placement becomes necessary, using kinship placements. Training is offered to increase CPS workers' understanding of Native culture and families, and to provide skills that increase workers' engagement with the families and awareness of both their resource needs and their cultural needs.

Table 1

Direct Practice and Systemic Interventions of the DIFRC Family Preservation Model

Direct Practice Interventions

- Component 1: Team decision-making or other early-intervention meeting to identify family strengths, challenges, and needs, as well as develop an initial plan for child safety
- Component 2: Strengths-based, culturally appropriate, and trauma-informed intake and family assessments
- Component 3: Educational sessions for families to increase knowledge and awareness of child welfare system, court processes, and treatment plan timelines, etc.
- Component 4: Concentrated and family-focused case management services
- Component 5: Referrals for material resources (e.g., housing, food, legal, transportation, etc.)
- Component 6: Referrals for evaluations and treatment services (e.g., mental health, substance abuse)
- Component 7: Referrals to DIFRC programs/groups (e.g., parenting skills, Alcoholics Anonymous, cultural connectedness/identity development and strengthening)

Systemic Interventions

- Component 1: Establishment of protocols for early identification of American Indian families and children within the child welfare system and for referral of these families to DIFRC for culturally appropriate family preservation services
- Component 2: Collaboration between DIFRC and county CPS departments on family preservation efforts
- Component 3: Service integration and cooperation between DIFRC and community-based service providers
- Component 4: Training for child welfare staff on culturally responsive services and family engagement strategies and creating of awareness of the impact of historical events, governmental policies, and intergenerational trauma on contemporary Native families
- Component 5: Support for child welfare caseworkers to assist them to engage in active and on-going efforts to maintain and strengthen each child's cultural and kinship connections
- Component 6: Commitment within CPS to kinship placements when out-of-home care is necessary
- Component 7: Collaboration with tribal courts and ICWA departments
- Component 8: Development of a network of culturally responsive treatment providers

Evaluation of the DIFRC Family Preservation Model *Projects Utilizing the Model*

DIFRC evaluated its family preservation model through funded projects focused on two specific populations. The first project, in conjunction with the Rocky Mountain Quality Improvement Center (RMQIC), worked to prevent removal and out-of-home placement, or to promote timely return home, of Native children who had become involved with the child welfare system due to parental substance abuse and child neglect or maltreatment. The underlying assumption driving the program was that by providing culturally appropriate services to American Indian families referred by CPS, families would be strengthened and out-of-home placements would be avoided.

The project used both direct practice and systemic interventions, as shown in Table 1, and built upon DIFRC's ongoing Indian Child Welfare efforts by adding more intensive case management services for substance-abusing parents/caregivers. In addition, the program offered clients a pre-treatment support group to increase the readiness of substance-abusing family members to enter an appropriate level of treatment. In the three years of service provision under the grant, the program served 49 families (referred to in the next sections as RMQIC families), with 106 children.

The second project, funded by a grant from the Colorado Department of Human Services' Statewide Strategic Use Fund (SSUF), focused on serving TANF-eligible Native families (who are the majority of DIFRC clients, including those served by the earlier RMQIC program) working toward self-sufficiency while also experiencing family stressors that could put them at risk of child welfare involvement. The SSUF project sought to stabilize families, support family members in acquiring a new repertoire of behaviors and attitudes for responding to family stressors, and build communication skills necessary for working with non-Indians when accessing needed resources and services. Concentrated case management services would help to move the family from simply responding to a continuing cycle of crises to a more empowered stance in which members

would work purposefully on addressing stressors prior to their crisis points. In addition to intensive case management, services also included team decision making meetings, working collaboratively with mental health, substance abuse, and other community providers, and group provision of culturally-appropriate parenting and relationship skills. This two-year project served 24 families (referred to in the next sections as SSUF families) with 73 children.

Evaluation Methods

From its inception, DIFRC has seen the benefit of evaluating its programs and services and conducting community-based research that would contribute to the understanding of urban American Indian families. Both the outside evaluators and DIFRC's administrators and program heads were aware of the legacy of past research abuses in Indian Country, as well as the need to conduct evaluations and collect data in ways that were not only ethical, but that produced findings that were relevant and useful for the community in which the evaluation was conducted (Bubar & Jumper-Thurman, 2004). Thus, all program evaluation activities requested by DIFRC have incorporated strategies for culturally-responsive evaluation with American Indian communities, and have been aimed at improving practice while also generating knowledge that could be shared with its community and other Native programs. In addition, the university-based evaluators who conducted these evaluations had an established and long-term relationship with DIFRC, were committed to learning about the urban American Indian community the agency serves *from members of that community*, and interacted with community members by attending meetings and events within the community, as recommended by Stubbins (2001). Moreover, the evaluation of the DIFRC FPM discussed herein was in alignment with Stone (2002) in its use of a participatory action approach with input and oversight at all stages from DIFRC program and agency directors and community-based advisors. This evaluation incorporated a variety of measures, including pre-post assessments of family functioning, direct measures of child safety and child permanency, and qualitative interviews with clients and staff; these measures will be outlined in the sections that follow.

Assessment of family functioning. All family functioning instruments used for the RMQIC project were first reviewed, discussed, and modified (if needed) by a focus group process that brought together American Indian service providers and counseling professionals, family members, and community elders. The group met six times, and after considering a variety of published instruments, chose to modify items from the North Carolina Family Assessment Scale (NCFAS) (Kirk & Reed-Ashcraft, 1996). The revised NCFAS American Indian version (NCFAS-AI) was used by DIFRC caseworkers at intake, periodically throughout the open case, and at case closure. For a family self-assessment survey, the group modified items from the Family Assessment Device (FAD) (Epstein, Baldwin, & Bishop, 1983), the Parent Behavior Inventory (PBI) (Lovejoy, Weis, O'Hare, & Rubin, 1999), a Spirituality Scale (SS) used by the National Center for American Indian and Alaska Native Mental Health Research, and the Multigroup Ethnic Identity Measure (MEM) (Phinney, 1992). The American Indian Family Survey (AIFS) consisted of items from the FAD, PBI, SS and MEM, as well as the environmental subscale of the NCFAS-AI, modified to reflect a family's perception of their home and neighborhood environment, and was filled out by family members at intake and case closure.

All scales modified were in the public domain, but wherever possible the evaluation team made contact with the scale's creators to let them know about the modifications. Examples of modifications included moving away from what reviewers perceived as problem-oriented language toward more strength-based terminology. Other changes were made to accommodate the *reality* of American Indian life as seen by the focus group members, and, for measures of spirituality, to drop references to specific religions, as a means of recognizing the importance to many families of practicing their tribe's traditional spirituality.

Screening for substance use problems was made initially by the case manager, and, if further evaluation was indicated, by a formal substance abuse evaluation. Progress toward substance abuse goals was measured by case managers, using one item in the Caregiver Capabilities subscale of the NCFAS-AI, and by parent self-report.

With the focus of the SSUF project on improving family resources and self-sufficiency, two additional scales were modified and used with families, the Family Resource Scale and Caregiver Stress Survey. Additionally, in 2010, because DIFRC was aware that Native adults served by their programs commonly had experienced multiple traumatic life events, a self-report instrument on trauma, Green's Trauma History Questionnaire (Green, 1996), validated across a variety of populations (Hooper, Stockton, Krupnick, & Green, 2011), was modified for use with the families in the SSUF program, resulting in an American Indian version of the instrument (THQ-AI).

Direct measures of child safety and permanency. Child safety was measured directly by noting any re-reports to CPS and indirectly through improvement on the Family Safety subscale of the NCFAS-AI. Child permanency was measured by categorizing the child's home at time of case closure as either with parents or other extended family members (which under ICWA provisions is also considered family preservation), in a tribally-approved Native home, or in a non-Native foster or adoptive home.

Client and staff interviews. Client interviews with SSUF families were conducted by a member of Denver's American Indian community who was not connected with DIFRC. All families were still residing in Denver in the year following services were contacted, and nine families agreed to be interviewed. Staff interviews were done by DIFRC's program evaluators, and for the RMQIC project included three case managers, the project manager/clinical supervisor, and several American Indian mental health professionals. Staff interviews for the SSUF program included the two family preservation case managers, the project manager, the clinical supervisor, and a psychologist.

Evaluation Results

Family Demographics and Needs at Intake

Parents in the RMQIC project ranged in age from 20 to 53 (average 35), and families had 1 to 6 children (average 2). Sixty-seven percent were referred by CPS (primarily for neglect), 11% by community agencies, and 17% were self-referred. By project criteria,

these families had high rates of substance abuse. In addition, families also had very high rates of domestic violence (67% in their current relationship and 85% across all relationships), and mental health/health needs (over 80%). The families also had critical needs for basic resources, as 88% were unemployed.

Parents in the SSUF families ranged in age from 20 to 57 (average 35), and families had from 1 to 7 children (average 3). Seventy-one percent were referred by CPS, 21% were self-referred, and the remaining 8% were referred by their tribe. These families were not as affected by substance abuse problems, with 46% having one or more members with an identified problem, but they had very high needs for basic resources (85%), as well as mental health concerns (67%), domestic violence (46%), and trauma histories (93% of those completing the THQ-AI). The high prevalence of trauma seen on the THQ-AI (and noted but not formally assessed in the RMQIC families) is consistent with Greenfield and Smith's 1999 finding that American Indians, whether urban or tribal, are the most highly victimized of all ethnic groups in the U.S. in a number of categories, and Evans-Campbell et al. (2006) finding that interpersonal violence rates are particularly high for urban American Indian women.

Changes in Family Functioning

Using t-tests to compare scores at intake and case closure on the NCFAS-AI, significant positive change ($p < .05$) was seen in the area of Caregiver Capabilities for families in the RMQIC program. A positive trend ($p < .10$) was seen in Family Safety for these families. Families in the SSUF program showed significant positive change in the area of Environment, and positive trends in the areas of Caregiver Capabilities, Family Safety, and Child Well-Being.

Child Safety

There were no re-reports during program services or within six months for any of the 49 families served by the RMQIC project, and one new report within six months after services for the 24 families served by the SSUF project. This compares favorably with national re-report rates (of substantiated cases within six months) ranging

from 1.5% to 12.2% for 2009, and 4.2% for Colorado (U.S. Department of Health and Human Services, 2009). This 2009 data does not report rates by race/ethnicity; earlier national data for 2004 showed general re-report rates of 8.1% and a re-report rate for American Indian/Alaska Native children of 15.5% (Leake, 2007).

Child Permanency

In the RMQIC project, 81% of families had their children preserved in the home, returned (if out-of-home care was used), or placed with extended family members. Due to the severity of substance abuse and mental health issues among these parents/caregivers, and because 39% of the RMQIC families started services with children placed in non-kinship out-of-home care, there was a higher number of cases in which children did not return home than among the SSUF families. These percentages are consistent with national placement trends for any children reported for abuse or neglect whose parents have a substance abuse problem, who experience higher rates of out-of-home placement, longer stays, and lower rates of reunification (Oliveros & Kaufman, 2011). The reduction in children in out-of-home care from 39% to 19% for the RMQIC families is an important one when compared with data showing that, at a national level, 54% of children from families with parental substance abuse were placed outside the home, compared with 23% of children from families without parental substance abuse (U.S. Department of Health and Human Services, 1997). While these national figures are for all children, not differentiated by factors such as family ethnicity or poverty, it is also known that American Indian children have higher placement rates compared to white children (see references in earlier section on history) and that poverty is correlated with lower rates of reunification (Brook, McDonald, Gregoire, Press, & Hindman, 2010).

In the SSUF project, 96% of families were preserved with children either at home with parents (the most common result) or with extended family members. For one family with an older teen, the final foster placement was not with an American Indian family but it was in a home approved by the family's tribe.

Staff Perspectives on Services

Staff serving RMQIC clients focused on the high level of needs they saw in the families—not just for substance abuse treatment, but to stabilize crisis situations; provide basic resources such as housing, health, food, and transportation assistance; and provide mental health services. Staff could see by working with the families that while the goals of the project centered around achieving sobriety, families had many things to work out before, or simultaneously with, entering substance abuse treatment. Most of the mothers with a substance abuse problem had a history of early trauma. There were also high levels of domestic violence, particularly when the mother was American Indian and the father was of a different ethnicity, leading one case manager to recommend that a way be found to create an empowerment group for young American Indian women. Her vision was that the group would not be modeled after assertiveness training, but instead would bring in cultural values and pride to help the women build inner strength and thus model that strength for their own young children. Case managers felt that most of the mothers they worked with would like to be in an empowerment group, but preferred individual counseling for mental health issues. Finally, several case managers noted that the clients told them they felt comfortable talking with service providers who were also American Indian, even if they came from different tribes.

Staff serving SSUF families also reflected on the high level of concrete needs in the families served, and on the value of prioritizing the needs to address the most pressing ones first, then using coaching and modeling to help families build skills and work toward self-sufficiency. Some of the SSUF families started off homeless; after case managers were able to help these families find stable housing, the workers were satisfied to see them take the next steps on their own, such as getting a GED, working community service hours to fulfill TANF requirements to get on-the-job training, and attending DIFRC's parenting classes (in some cases taking the classes twice).

There were three other important themes for the family preservation work. One was the importance of the training in Motivational Interviewing that all DIFRC staff received in 2010. Case managers

felt it helped them open up a dialog with parents about many life issues and focus on families' intrinsic values and hopes for the future. Using Motivational Interviewing also made all conversations, even those in the car as the worker was driving a family to an appointment, more "intentional."

The second theme was addressing mental health needs. As one worker commented:

Sometimes it's the root of the family problems and they're not aware that it's the root of the problem. If someone is bipolar, for instance, and not diagnosed until age forty, it strains the relationships in the family. Once cured, often things start to change.

A third and very important theme mentioned by two case managers who worked with the RMQIC families and everyone who worked with the SSUF families was the centrality of trauma in clients' lives—and that an understanding of this trauma contributed to the client's insight and motivation to change. This quote, referencing a client who had a high level of traumatic experiences but hadn't connected that to her current depression, exemplifies the impact of this understanding: "One mother filled it out, the Trauma History Questionnaire, and was amazed at some of the questions. She became reflective on it—'this is why I'm depressed' [she realized]."

FPM case managers also discussed historical trauma:

It was really helpful to get at historical trauma. I think historical trauma is the driving force with alcohol, other substance abuse, domestic violence, and everything else...Healing can be strengths-based...If we can make people proud of who they are and where they came from and where they can go, those are ways you can really help heal people. The Boarding School era stripped people of that.

Client Perspectives on Services

Clients interviewed in 2011 highlighted the concrete help they received with basic resources, what they gained from the parenting classes, and how a cultural match with DIFRC caseworkers helped them. When asked about what services they had received and

whether the issue they sought help for had improved or been resolved, all clients interviewed had positive things to say. Some of those comments included:

It has improved a lot. We have a place of our own now. I wanted to finish school and I did, and I got to spend more time with my kids.

Yes. [DIFRC staff] helped take us to an apartment, helped to get our social security, birth certificate, to help us get housing or jobs. He took us to a house, talked to the lady, and we ended up getting the apartment. They helped get the kids enrolled and they helped get the kids financial assistance through the tribe.

Yes, definitely. It helped us, and walked us through everything and it taught us by going to classes, and it just really gave us good feedback and direction. Our lives are probably way better than they were before.

Yes, I got furniture, clothing, bus passes, gas vouchers, domestic violence classes for my husband, Fatherhood program. [The worker] helped with getting into alcohol rehab. I remember he was extremely, extremely patient and extremely friendly. He helped me get on my feet like big time.

The interview asked specifically about any classes clients had taken; overall, clients felt the classes had helped them greatly. One client shared, in this regard,

When I went to fatherhood classes, that was wonderful. Sometimes you think you're a good father, until you go to these classes you find you can do more than what you're doing. You can be a better father. And it's nice. I wish a lot of people went to those classes. Before the classes we thought we were good parents but after we realized we could do more for our kids. We did Nurturing Parenting twice . . . Keep the same teachers. We always come back to what we were taught in those classes.

Another client commented about a class that she had taken by reflecting, "We took Healthy Relationships. [What I remember most

is] listening, cues from the person you were listening to, and good frame of mind.”

Finally, the interview asked if clients felt that DIFRC had provided services in a culturally sensitive way. Clients were very positive about this aspect of the DIFRC FPM, as well. Several interviewees mentioned feeling comfortable, and they added specific feedback, including:

It feels comfortable there because you feel the culture there. You see it all around, and then you feel it come through the teachers as well. And then there’s certain topics and issues that we talk about that we all can relate to because we’re the same culture . . . It was a big relief when I found out [the worker] was going to be on our case and work with my family. Not only was [the worker] Native American too, I felt like she was going to do a really good job with our family.

DIFRC is extremely awesome—especially since our heritage is so lost. So to bring it back like that, and to show that we still have it, that we have the support that we need, it makes it all worth it... I would recommend them getting more resources, because there are so many Natives out there that don’t even know what DIFRC is, and they’re wandering these streets, thinking there’s no help for them. When I tell Natives about them and when they go over there [to DIFRC], I see them the next week and you see their hair’s clean and their hair’s braided, and you know they’re proud again. God bless you and thank God for you, that’s all I would say.

Yes, I’m glad that they’re there and able to help Native families. It’s hard to be an Indian in society today. It’s difficult to maintain your identity and to also blend and cope with the rest of the culture—or the rest of society I should say. So it [provides] very good services, and I would urge them to continue to reach out to Natives.

Discussion and Conclusion

There is growing recognition of the need for child welfare practice models that can provide a framework to guide agencies and workers in providing services that not only promote child safety and well-being, but that are family focused, strengthen the capacity of parents/caregivers, provide services at a community level, and are culturally responsive (National Child Welfare Resource Center for Organizational Improvement & NRCFCPP, 2008). Few practice models for child welfare services for American Indian families currently exist, although tribes and other stakeholders identify these models as an important element that could improve services to Native children and families (Leake, Lucero, Walker, & McCrae, 2011). The collaborative and trauma-informed DIFRC Family Preservation Model discussed in this article is a practice model developed for use with urban-based American Indian families; evaluation of the model suggests that it shows promise in preventing out-of-home placement of Native children, while at the same time improving parental capacity, family safety, child well-being, and family environment.

Unique to this child welfare practice model is the incorporation of an extensive assessment process using instruments developed or modified specifically for use with urban American Indians. In practice, this has frequently resulted in the first-time identification of parental and/or child level challenges (especially untreated trauma and mental health conditions) that are playing a large part in creating the family instability that has brought the family to the attention of CPS. Feedback from families who have received services through the model indicated that family engagement with services, including mental health, trauma, and substance abuse treatment, was heightened due to the thoroughness of the case management they received and their ability to obtain services in their own community from an American Indian caseworker who was perceived as culturally similar.

Ten years of development and refinement of the DIFRC FPM has led to the understanding that successful preservation of urban American Indian families involved with the child welfare system requires not only effective direct practice interventions, but

commitment by CPS departments to implementing policies and practice protocols that support the ICWA's aim of preventing the breakup of the American Indian family. The system-level components of the DIFRC FPM represent examples of these types of policies and protocols; forming their foundation is the development and on going maintenance of collaborative partnerships between CPS and community-based agencies serving American Indian families. These partnerships then provide avenues for implementing within CPS systems other elements essential to preserving Native families, including: (a) identifying Native children at the earliest possible stage of their involvement with CPS; (b) developing a network of culturally informed service providers; (c) improving relationships with tribes; and (d) training CPS workers to not only provide services that are more culturally responsive, but to better understand the historical processes and policies, as well as the contemporary contextual elements, that may put American Indian children and families at risk for child welfare involvement.

In conclusion, the DIFRC Family Preservation Model provides an example of a much-needed framework for child welfare practice in Indian Country. The model was developed for use with American Indian families residing in an urban area, yet it may also have potential for modification and use in tribal settings. Although the two contexts are different, tribally-based and urban American Indian families often face similar challenges, such as parental/caregiver substance abuse, domestic violence, unaddressed trauma and other mental health conditions, housing instability, and the effects of poverty. Tribal families who become involved with the child welfare system often also find themselves working with both a tribal child welfare worker and a worker from the state or county CPS system. And moreover, both groups, as American Indians, share the history of troubling interactions with the child welfare system and a continuing legacy of widespread loss of their children to foster and adoptive placements with non-Indian families. Regardless of setting, use of a child welfare practice model such as the DIFRC FPM—which incorporates both systemic and direct practice components to promote system-level collaboration, increase family engagement, and improve child

and family well-being—has the potential to increase the number of American Indian children who will remain safely with parents and extended family members. In this way, these children have a greater opportunity to remain culturally connected and a part of the future of their tribes and tribal cultures.

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Family Group Decision Making (FGDM) with Lakota Families in Two Tribal Communities: Tools to Facilitate FGDM Implementation and Evaluation

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This article describes an adapted Family Group Decision Making (FGDM) practice model for Native American communities, the FGDM family and community engagement process, and FGDM evaluation tools as one example for other native communities. Challenges and successes associated with the implementation and evaluation of these meetings are also described in the context of key historical and cultural factors, such as intergenerational grief and trauma, as well as past misuse of data in native communities.

A preliminary version of the FGDM toolkit was presented at the April 2011 annual meeting of the National Indian Child Welfare Association in Anchorage, AK. This research was supported in part by Lakol Tiwahe Na Tiospaye Yukini Pi Kte – Restoring Lakota Families and Communities – a grant from the Bush Foundation. We gratefully acknowledge Tyler Corwin, Anita Fineday, Michael J. Lawler, and Erin J. Maher, who assisted in the review of this manuscript. We thank Rori Bonnell for help with manuscript preparation and Tammy Red Owl for assistance with figure construction.

Among tribal families in South Dakota, there are concerns that children are being placed unnecessarily in foster care. Native American¹ children constitute 13.8% of the state's population (U.S. Census Bureau, 2010), yet comprise 53% of the population of children in out-of-home care (Child Welfare League of America, 2011). Similarly, the disparity index for Native American children in foster care, compared to non-Native Americans, is 7.02, which means that Native American children are approximately 7 times more likely to be in foster care in South Dakota than non-native children (U.S. Census Bureau, 2010; Child Welfare League of America, 2011). As part of a broader effort to reduce this overrepresentation, we are conducting an ongoing evaluation of a culturally-based Family Group Decision Making (FGDM) model for families and children involved in, or at-risk for entry into, the child welfare system on the Pine Ridge and Rosebud Reservations in South Dakota.

The purpose of this article is to describe an adapted FGDM practice model for Native American communities, the FGDM family and community engagement process, and FGDM evaluation tools as one example for other native communities. Challenges and successes associated with the implementation and evaluation of these meetings are also described in the context of key historical and cultural factors such as intergenerational grief and trauma as well as past misuse of data in native communities (Hodge, Weinmann, & Roubideaux, 2000). This evaluation effort represents a unique collaboration between Sicangu Child and Family Services (SCFS) on the Rosebud Reservation, Lakota Oyate Wakanyeja Owicakiyapi (LOWO) on the Pine Ridge Reservation, Casey Family Programs,² and the University of Minnesota Duluth.

Context: Historical and Cultural

The FGDM model implemented at SCFS and LOWO child welfare agencies is rooted in indigenous origins and based on a relational

1 Throughout this article, we use the term "Native American" to refer to indigenous people of North America who have American Indian and Alaska Native ethnic backgrounds. "Lakota" is used when referring specifically to the tribal groups involved in this evaluation.

worldview. This family engagement model was adapted to fit with the traditional and cultural practices of the Lakota. It is important to historically situate the Lakota by describing the profound impact of colonization. To a certain extent, history reveals a vigorous effort to impose a systematic form of maltreatment upon Native Americans through the dismantling of a thriving and sustainable culture and the following cumulative occurrences: land loss, abrogation of treaties, displacement, boarding schools, assimilation, language loss, federal policies, and abject poverty.

This methodical destruction severely impacted the Lakota societal structure known as the kinship system. The devastation further eroded a standard of living, way of life, and worldview, from which many families and communities never fully recovered. The residual effects of colonialism remain present in many communities and are often seen through intergenerational grief and historical trauma—sometimes called “soul wounds” (Duran & Duran, 1995). Despite a backdrop of historical atrocities on the Lakota, there is currently a cultural and spiritual resurgence that counters this historical fatigue and speaks to the steady resolve of the people. The FGDM process implemented in these two respective Native American reservations is occurring in tandem with ongoing efforts to deal directly with the systemic problems related to socioeconomic, political, and cultural issues, as well as efforts to reclaim and revitalize customary practices.

FGDM Background and Process

The origins of FGDM stem from New Zealand’s child welfare policies and practices, some of which aimed to assimilate Maori families through the removal of children from their communities. The consequences of these efforts led to a disproportionate number of Maori children involved in the child welfare system (Doolan, 2010). In response to the numbers of Maori children and adolescents placed out of the home, the 1989 New Zealand Children, Young Persons,

2 Casey Family Programs is a private operating foundation committed to improving the lives of children and families across the nation. Established in 1966, the foundation partners with tribal and public child welfare systems and communities to keep children safe and promote lifelong connections to stable families.

and Their Families Act was created. It mandated that services draw upon traditional Maori practices of identifying and utilizing extended family networks, cooperation, and mutual support while also honoring traditional beliefs and customs (New Zealand Children, Young Persons, and Their Families Act 1989). This decisionmaking model, known as Family Group Conferencing (FGC), stands in contrast to historical assimilationist policies and marked a return to processes that emphasize mutual family support and decisionmaking (Levine, 2000; Worrall, 2001).

The abuses experienced by New Zealand's Maori people, such as the forced removal and placement of children in boarding schools, are remarkably similar to those of Native American children and families. Upon return to their families, many children struggled to re-acclimate back into the kinship equation, in part due to assimilation and acculturation effects. These experiences are considered a major contributing factor to the fracturing of the native family unit.

The values guiding the FGDM process largely mirror those set forth by the Maori and emphasize a respect for and reliance on familial and cultural connections. This work spread to the United States in response to requests from the Canadian First Nations people to provide a culturally-based, family-centered intervention, designed to maintain familial connections. In 1996, the American Humane Association (AHA) was asked to study FGDM to determine whether and how this process could be successfully implemented in North America. Through this work, AHA identified five components which, when followed, ensure FGDM integrity and model fidelity (AHA, 2008, p. 2). These components include:

1. An independent coordinator, responsible for convening the family group meeting with agency personnel.
2. Child protection agency personnel who recognize the family group as the key decision-making partners and offer time and resources to convene the family.
3. After initial presentations, family groups meet on their own, without statutory authorities and other non-family members, to work through information they have been given and formulate responses and plans.

4. When agency concerns are adequately addressed, preference is given to the family group's plan over any other possible plan.
5. Referring agencies support family groups by providing the necessary services and resources to implement the plan.

Family engagement. FGDM is a family engagement process. Its origins as a child-centered and family-driven model are rooted in the traditional precepts and practices of many cultures where families share responsibility for community children and work collaboratively to solve problems (Running Wolf, Soler, Manteuffel, Sondheimer, Santiago, & Erickson, 2002). FGDM aims to reduce the overrepresentation of native children in the South Dakota child welfare system through prevention, increasing kinship placements, and reducing the number of children placed with non-native families.

Some aspects of mainstream child welfare purposes and practices differ from the customary methods and practices of the Lakota kinship system (*wawotakuye*). For example, the kinship system is at the core of societal structures and relationships, in which everyone views themselves as a relative. Thus, the Lakota kinship system is structured to be more inclusive than exclusive. Lakota children (*wakanyēja*) are raised within the context of their family (*tiwahe*) and extended families (*tiospaye*), which lays a foundation for children to develop a sense of care and belonging. FGDM exemplifies how the kinship system can be a viable and empowering way to address family relations and connections. As in the FGDM process, the concept of coming to the aid of relatives in need is a function routinely practiced by the Lakota.

Community engagement. Community engagement and decision-making can range from highly formalized to relatively informal processes. The implementation of FGDM creates an opportunity to further challenge communities to build stronger partnerships and healthier relationships that more readily reflect the Lakota kinship system. Based on a need for community accountability and a renewed sense of community, SCFS and LOWO have shifted their engagement efforts toward an innovative community-engagement approach. For example, both tribal agencies are training community members as family engagement facilitators using grass roots organizing principles

and practices. These efforts serve to ground the FGDM engagement both contextually and culturally in the community, as well as provide a framework that supports and sustains growth in a consensus manner. This method differs slightly from the conventional FGDM approach because as a community-engagement process, it is formalized to work well with or without child welfare agency participation.

This form of broader community engagement is reflective, and it incorporates Lakota values and protocols to help restore relationships and bring meaning back to the idea of “to be a good relative.” Like the universal concept of the “Medicine Wheel,” the engagement process positions families and communities to reclaim customary practices and to resolve issues within their wider circle. Beyond the family, this engagement process involves introspection and self-discovery on a larger and more collective scale. The approach requires a paradigm shift or change in how we address systemic concerns by emphasizing a shared responsibility between the family and community. Further, to ensure continuity and growth of the family engagement process, it is equally important to have native people from the community to champion the model and provide leadership (McDonald, 2002).

LOWO includes FGDM as a service in its Oglala Lakota Practice Model, a culturally-based approach to providing services that aims to integrate traditional Lakota assessment and treatment interventions with a clinical or western approach to child welfare services (see Figure 1). The model is based on Lakota cultural values, and like FGDM it aspires to re-awaken the family’s connection to those values that sustained the Lakota people throughout time. LOWO utilized the community engagement approach in an effort to expand FGDM services to the reservations’ outer districts as part of Lakol Tiwahe Na Tiospaye Yukini Pi Kte—Restoring Lakota Families and Communities—a grant from the Bush Foundation from 2009 through 2011. Some of the FGDM evaluation methods and surveys described here were refined as part of this grant. While new practices can be unsettling and met with resistance, with the right clarity and investment of effort it is possible to change an entire system’s way of thinking. The FGDM engagement process appears to be helping

Figure 1

Oglala Lakota Practice Model: Medicine Wheel #1 – Search For Relatives



From Oglala Lakota Practice Model (p. 21), by R. Moves Camp, et al., 2004, Pine Ridge, SD: Lakota Oyate Wakanyeya Owicakiyapi. © 2004 by Richard Moves Camp and Casey Family Programs. Adapted with permission.

reform the larger child welfare practice model in these two Native American communities.

Implementation and Evaluation of FGDM at LOWO and SCFS

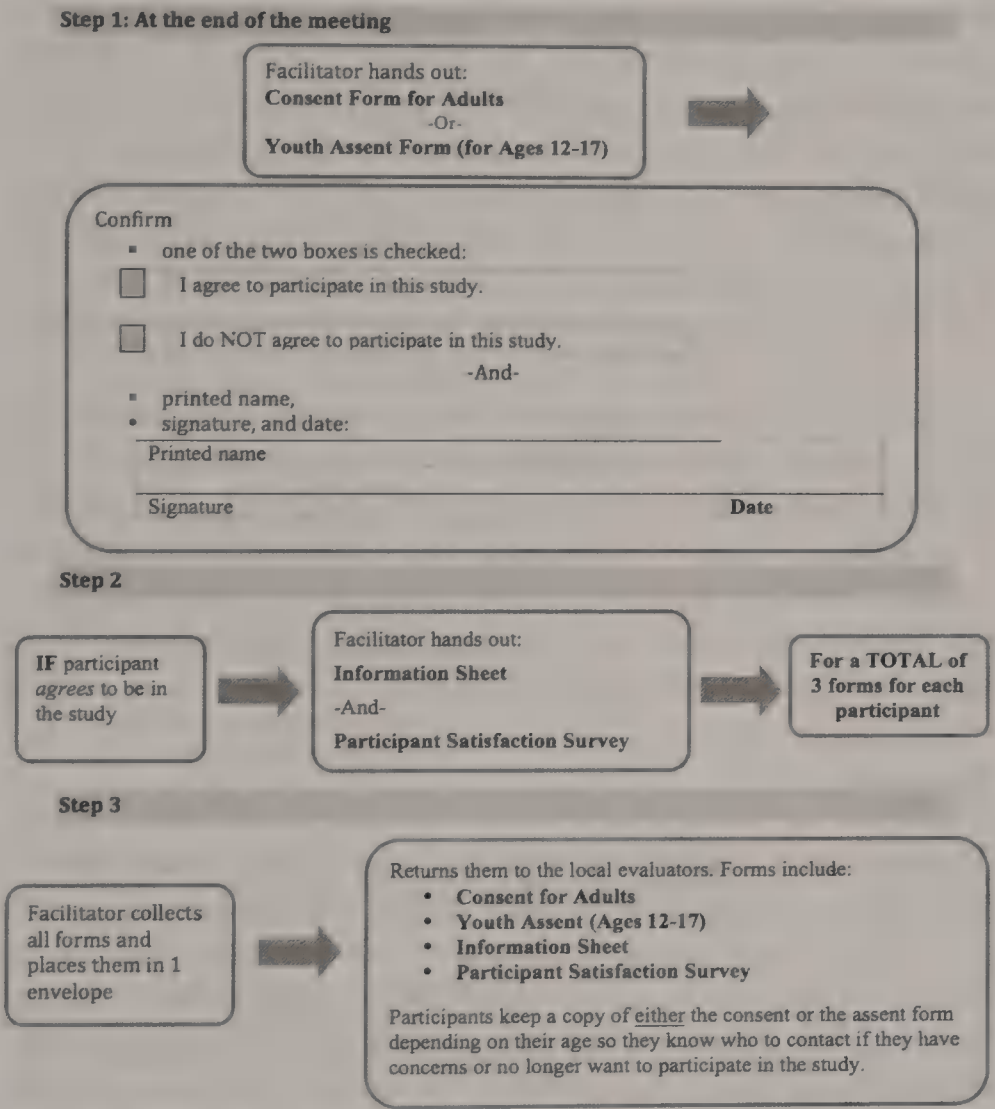
Not only is documenting applications of FGDM in Native American communities important, but helping to build internal evaluation capacity is also a critical contribution. To that end, we developed a collaborative FGDM evaluation at LOWO and SCFS. Although the

FGDM process is rooted in indigenous ways of building and sustaining family connections, and is now used more widely in child welfare with many families, little work has been done to provide a roadmap for Native American child welfare programs to implement and evaluate FGDM in their own communities. Thus, the evaluation tools and procedures (including human subjects protocols and forms and scripts to ensure that measures are delivered consistently) were designed with three distinct purposes: (a) to provide useful information about the program's effectiveness, (b) to make program improvement recommendations, and (c) to engender program sustainability and replication in other tribal communities. Sustainability and replication would allow the program to serve more at-risk youth and families and ultimately reduce the disproportionate number of native children in child welfare. Our evaluation tools—(a) consent and assent forms, (b) participant satisfaction survey, (c) demographic information survey, and (d) follow-up survey—are described below. The goal of sharing this material is to provide concrete examples of how two tribal communities are evaluating this work.

Evaluation Procedures

We developed a data collection flowchart (see Figure 2) that outlines the steps and order in which FGDM facilitators distribute the evaluation materials. Prior to receiving any surveys, the facilitators provide participants with either a consent or assent form (assent forms are given to adolescents) that describes (a) the purpose and benefits of the study (e.g., “to learn more about FGDM as a way to bring family support services to native families”), (b) potential stress and discomfort (e.g., “you can refuse to answer any question, for any reason”; “you can also stop participating in the study at any time”), and (c) how to learn more about their rights as participants (e.g., “you will receive all follow-up services regardless of whether or not you participate in the study”; “if you have more questions about your rights, you can also contact . . .”). Caregiver consent is required prior to participation for youth who are 12 to 17 years old. Children under the age of 12 are ineligible to participate in the evaluation, mostly because of literacy concerns (e.g., are

Figure 2
Data Collection Flowchart



they able to understand the questions?). When facilitators know or suspect that a participant may not have English language literacy, materials are read aloud to the entire group to reduce the likelihood of anyone feeling singled out. Last, participants retain a copy of either the consent or assent form so they know who to contact if they have concerns or no longer want to participate in the study.

Because participants may decline to take part in the study, it is important to track the number of people who decline to participate

in the evaluation to assess the generalizability of our findings. For example, it may be the case that only those individuals who are pleased with the FGDM process and outcomes agree to be evaluation participants. It is also important that the evaluation materials are distributed to participants in a consistent manner. To maximize participant response rates and ease a potential burden for the facilitators, evaluation materials are distributed immediately following the FGDM meeting. While we recognize that this timing is not ideal (families are often tired after the intensive FGDM process), we decided that recall accuracy and completion rates would be highest if the forms were distributed on the same day as the meeting.

Once the evaluation materials are completed, each participant places the evaluation materials into one envelope, which minimizes the likelihood of facilitators viewing individual participant satisfaction ratings. Evaluators share participant satisfaction ratings with facilitators and the agencies, however, these ratings are presented in the aggregate and thus, individual responses remain unknown to agency staff and community stakeholders.

Measures

The participant satisfaction survey. As shown in Table 1, this survey is given to everyone who participates in the FGDM meeting: eligible youth (ages 12 and above), caregivers, and others selected by the family (e.g., friends, supporting individuals). While survey items were culled from a variety of sources, many items were adapted to better fit the FGDM model used in these tribal communities. Four community values guided the content of the survey items: belonging, mastery, interdependence, and generosity (for a description of how these traditional values relate to at-risk youth, see Brendtro, Brokenleg, & Van Bockern, 1990; 2002). These values form the basis of family and community empowerment and thus are bedrock to the FGDM process.

The 27-item survey also measures fidelity to the FGDM model. Example items include: (a) "the meeting facilitator recognized the family group as their key decision-making partner" and (b) "families had an opportunity to meet on their own, . . . to formulate their plans."

Table 1**Lakota FGDM Participation Satisfaction Survey Items****Statements***

1. My family helped choose who attended the meeting.
2. My family was involved in deciding when and where to hold the meeting.
3. The meeting place felt adequate and welcoming.
4. In case we needed language assistance, it was available.
5. The purpose of the meeting was clear to me.
6. I felt prepared for the family meeting.
7. My role in the meeting was clear to me.
8. There were more family members than services providers invited to the meeting.
9. The role of the facilitator was discussed with the participants and was clear to me.
10. The facilitator remained neutral and impartial during the meeting.
11. Child and family needs were clearly identified through this process.
12. I was actively involved in the process during the meeting.
13. Our family had private family time.
14. My family identified cultural needs during the meeting.
15. Family traditions were respected in the family plan, which is consistent with my cultural beliefs and values.
16. I felt safe during the Family meeting.
17. I said what I wanted to say during the meeting.
18. I thought other valued what I had to say.
19. The right people were at the meeting.
20. We had enough time for the meeting.
21. I had enough information to help make a good plan.
22. Our family developed a plan that is realistic and addresses the wellbeing, permanency, and safety need of our child(ren).
23. My family understand the key elements of safety to be included in the plan.
24. I expect my family's connections to the community to become stronger as a result of this meeting.
25. I am satisfied with the plan for our child(ren).
26. I am satisfied with the service and results of the meeting.
27. I would recommend the family meeting process to others.

* Participants were asked to provide their level of agreement on a 7-point Likert scale for all survey items; the scale ranged from 1 Strongly Disagree to 7 Strongly Agree.

Participant responses are measured on a 7-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree."

Demographic information survey. Participants are also asked to complete this 8-item survey, which is primarily comprised of structured responses (see Table 2). Items include the participants' relation to the family and perceptions of their cultural identity (e.g., "How do you see

yourself in terms of your American Indian culture?”). This latter question exemplifies the collaborative nature of this work, as FGDM facilitators at both LOWO and SCFS wanted to include a survey item about ethnic identity. Not only is survey development a collaborative process, but in our evaluation procedures development, we strive to be responsive to the needs of facilitators while balancing both research objectives and cultural concerns. For example, when we developed the demographic information survey, facilitators had questions surrounding why there was a question about partner status. This prompted us to develop an Evaluation Procedures reference sheet, which included examples of possible questions that participants might ask and suggested responses for the facilitators. With respect to possible questions about caregiver partner status, the following response was suggested:

Some research indicates that child outcomes differ based on who lives in the family home—especially parents’ partners. We would like to understand who is living in the home where the children reside. This question is only for caregivers. For example, an aunt or grandmother who is not the primary caregiver should skip this question.

Child and family outcomes follow-up. A follow-up survey is administered to primary caregivers six and 12 months following the final FGDM meeting to assess (a) the child’s living arrangements (e.g., living with family, foster care, or other out-of-home placement), (b) FGDM plan follow-through, (c) child and family well-being, and (d) any maltreatment reports. The survey information is collected over the phone or in person. The 12-item survey pairs 7-point Likert-type scales, which ranges from “Not at all” to “Greatly,” with related open-ended questions (see Table 3).

After the completion of these items, each respondent is asked questions that are used to complete a chart that details the living situations since the last meeting for all children involved in the FGDM meeting. Both participating agencies have identified a consultant or staff member who is removed from the daily family case management relationship to administer the follow-up questions.

All evaluation data are owned by the tribal child welfare agencies and can be used for quality improvement purposes. Vehicles for input,

Table 2
Demographic Information Survey Items

Question	Response Options
1. What is your race or ethnicity? Check all that apply.	Native American or American Indian Alaskan Native White Hawaiian or Pacific Islander African American or Black Hispanic or Latino Asian Other (specify)
2. What is your enrolled/principal Tribe?	Open-ended
3. What is your date of birth?	Open-ended
4. What gender are you?	Male Female
5. What grade are you currently in? ^(a)	Open-ended
6. What is your current partner status? ^(b)	Married Living together in a marriage-like relationship Divorced Separated Single Other (specify)
7. How do you see yourself in terms of your American Indian culture? Circle one number.	1 Low Identity ^(c) 2 3 4 5 High Identity ^(d)
8. What is your level of Lakota language competency? Circle one number.	1 Don't speak or no understanding at all 2 3 Understand but can't speak 4 5 Fluent

(a) Question asked of youth only.

(b) Question asked of caregivers only.

(c) Low identity defined on the demographic information sheet as "Currently, I have little connection with my tribal community, traditions, or ceremonies."

(d) High identity defined on the demographic information sheet as "Know your tribal language and practice life ways of the people (participate in traditional ceremonies or practices or tribal community events)."

Table 3

Lakota FGDM Six and Twelve Month Follow-up Survey Items

Scale and Open-Ended Items*

1. How much is the family plan developed through FGDM meeting(s) being followed?
2. Why do you feel it is or isn't being followed? (Open-Ended)
3. How much of an impact did the FGDM meeting(s) have on your family?
4. In what ways did it help your family? How was it not helpful? (Open-Ended)
5. How much was FGDM meeting(s) helpful in getting a positive living situation for your child?
6. Overall, how much is your family doing better now than before the FGDM meeting(s)?
7. How have things changed for your family since the FGDM meeting(s)? (Open-Ended)
8. Overall, the youth is/are doing better now than before the FGDM meeting(s)
9. How have things changed for the youth since before the FGDM meeting(s)? (Open-Ended)
10. How much would you recommend FGDM to other families?
11. What are your suggestions for how to improve FGDM meetings? (Open-Ended)
12. What kind of services and other supports do you need now but have not received? (Open-Ended)

* All items are measured on a 7-point Likert scale (ranging from Strongly Disagree to Strongly Agree), unless otherwise noted.

such a community presentations and discussions at LOWO and Sicangu, which are also in partial fulfillment of the Oglala Sioux Tribe Research Review Board (OSTRRB) requirements, allow community members to shape the evaluation as well as provide invaluable assistance interpreting findings. One example of how this evaluation could be modified would be through increased focus on fathers and paternal relatives if the tribal community members deemed this to be a topic of particular interest.

Challenges of FGDM

Implementation. Introducing new and creative techniques into existing practices comes with inherent difficulties and the engagement work implemented in both Lakota child welfare agencies is no exception. Most challenges are systemic in nature, with inadequate resources being the most significant. Examples include structural issues related to budget restraints, agency pressures regarding increased workloads, and high turnover rates. A lack of buy-in from some staff may stem from the perception that FGDM entails additional work or unease

related to doubts about the effectiveness of FGDM. The lack of FGDM training can also contribute to inadequate levels of understanding.

Difficulty in overcoming resistance to change is another challenge. To achieve substantial change consistent with family engagement philosophy, principles, and practice, requires moving forward with dialogue, perseverance, and mutual understanding. The relationship between tribes and states can be described as tenuous, in part, due to some states historically exercising jurisdiction over tribal children in child welfare matters. This remains a point of contention for tribal governments. Within this context, a challenge is to build upon existing relationships and to reach levels of comfort to engender effective partnerships that address the needs of Lakota children and families.

The practice of FGDM challenges some contemporary ideas related to how certain agencies conduct business. In some cases, child welfare and court systems take the position that their role toward families is to prescribe and dictate what is best for them, which is a perception that only perpetuates paternalistic notions (Davis & Keemer, 2002). This is particularly true for child referrals that have languished in systems for long periods of time. It is also an example of a power differential and how it is exercised when there is a lack in faith and distrust toward families to make decisions on their own.

Confusion between models of service delivery is another challenge. FGDM is different compared to more agency-driven engagement practices such as Team Decision Making (TDM) or Family Team Meetings (FTM). The distinctions are often related to purpose, preparation time, meeting length, and facilitator type (independent vs. agency staff). The key difference, however, is related to decision-making responsibility. TDM and FTM tend to maintain emphasis on the agency's final authority. These agency-driven practices generally rely upon the "expertise" and professional "skills" of staff to make decisions on behalf of families, whereas FGDM shifts the locus of decision making to families (as defined by them) with staff providing assistance so that changes can occur. FGDM, on the other hand, partners with the family, creating the opportunity for the family to drive the process. FGDM at LOWO and SCFS may share some of the principles with

TDM and FTM; however, a clear distinction between them is the decision responsibility and family involvement, in comparison to the more family-guided process FGDM provides. This paradigm shift is difficult for some staff to make, and can pose a challenge to successful implementation of FGDM.

Whether the FGDM process is voluntary or mandatory can be another challenge. Some staff view FGDM participation by court-ordered families to be in direct conflict with the intent to provide a voluntary forum, thereby creating a fine line between encouragement and coercion to participate. Other staff consider court involvement to be advantageous in order to gain parent participation in services and to hold them more accountable. The low number of referrals relative to the number of Lakota families in the various systems also raises a concern. Reasons vary, but include inexperienced workers who may be reluctant to refer, failure to engage the full spectrum of extended family members, lack of family support, active family addictions, and families who are overwhelmed by legal involvement. Other implementation challenges that affect participation include time constraints voiced by both family members and service providers.

"Historical fatigue" has a tremendous impact and is a contributing factor to the enduring effects that are played out through families and communities. This lesson is compounded by insufficient resources to adequately address the extremely high level of needs found on these reservations. While it is paramount to improve child safety, permanency, and well-being outcomes, the engagement processes described in this article cannot result in better outcomes by themselves. A collective approach is needed to provide protection for a child's right to maintain their cultural connections, achieve permanency, and, in turn, promote system change through a more collaborative framework (Beals, Manson, Mitchell, Spicer, & the AI-SUPERPPF Team, 2003). FGDM is one of many tools that can be used to achieve these goals.

Evaluation. There is a belief that tribes dislike evaluation because of a long history of exploitation from external researchers who took advantage of tribal communities and misinterpreted data. However, contrary to these beliefs, tribes do value evaluation efforts, especially

when culturally sensitive researchers work in collaboration with tribal practitioners to collect credible data that allows them to improve the quantity and quality of services and outcomes for their children and families (Davis & Keemer, 2002). Central to evaluation in Native American communities is the issue of integrity. In order for model fidelity to take hold, it is important that culturally relevant evaluation tools are designed and developed to assess participant satisfaction, outcomes, and efficacy. In some cases, evaluation studies involving tribes have experienced challenges that date back to past abuses involving researchers with unscrupulous data collection and dissemination practices. To better protect and serve tribal communities, certain safeguards like institutional review boards (IRB) have been instituted (Hillabrant, 2002; Hodge et al., 2000). Both the Rosebud and Pine Ridge Sioux Tribes have this mechanism in place to review and approve all research conducted on their respective reservations. For example, this evaluation was approved by both the OSTRRB and the Sinte Gleska University IRB on behalf of the Rosebud Sioux Tribe. Each IRB reviewed the evaluation method and instruments for this project.

Fatigue associated with FGDM meetings poses another challenge for potential evaluation participants, especially for over-burdened family members with minimal experience trying to solve their own problems. The issue is compounded by participation in such an intensive FGDM process, after which families are simply exhausted, physically and emotionally. When the last part of the meeting involves a request for participants to provide instantaneous feedback about their experience, this can be difficult. For tired families, who may begin with ambivalence and suspicion toward child welfare and conventional research (Running Wolf et al., 2002), these requests can only add to their resistance toward completing an evaluation form. Families may also decline to be evaluation participants based on skepticism surrounding requests for their opinions, especially when they do not know how their answers will be used. Likewise, families may find participation problematic when they do not receive immediate feedback about the results to which they contributed, which reduces the likelihood of participation in our evaluation. Beyond the scope of

the current article, future evaluation work will examine the relationship between participant demographics, case characteristics, meeting satisfaction, and avoidance of out-of-home placement among these families. It is important to acknowledge that findings detected or conclusions drawn from this evaluation will be specifically grounded in Lakota communities. Because there are over 500 federally recognized tribes, there is considerable variation between American Indians in language, culture, location, and socioeconomic status, among other factors. Given this heterogeneity, evaluation findings from these Lakota communities may not be representative of outcomes from other tribal communities.

Successes of FGDM

Several factors contribute to the success of implementing FGDM on these reservations. As stated earlier, one is the strategic attention placed on the historical factors impacting state and tribal relations. Gains between tribes and states may be incremental; however, with continued dialogue, understanding and partnerships can emerge to address and advance specific initiatives and improvements related to children and families. Many child welfare situations often involve cross-jurisdictional issues, and neither the tribes nor the states are fully equipped to address them in isolation. Authentic partnerships are a cornerstone of successful implementation of collaborative family engagement processes like FGDM.

Lessons Learned

Lessons described here are intended to provide an overview of the development, practice, and implementation of FGDM on two Lakota reservations in South Dakota. FGDM facilitators have worked hard to minimize deviation or drift from the core (Maori) principles. An example is when agencies and professionals do not yield to families' sufficient control of meetings to make their decisions (e.g., professionals exert their influence to remain present during "Private Family Time"). Understandably, while reliance on

agencies and paid workers is rooted in dependence to some extent, the Maori principle states that the family should drive the process through self-empowerment. Also critical for the facilitator and the child welfare agency is the knowledge that only people can empower themselves. Put simply, all facilitators and agencies can do is design a process that is empowering, and then they must entrust families to define who and what *tiwaka* (family) means to them. From a practice perspective, FGDM facilitators need to know their limitations and be flexible enough to know when to “go with the flow.” In addition, buy-in and collective support from agency leaders, colleagues, tribal members, courts, other agency collaborators, and key community stakeholders must remain a priority. The success of meetings reflects on the professionalism of the agency and staff.

Last, one aspect of child welfare that has largely gone unrecognized is the validation of the father’s role in connection to his children. FGDM recognizes the father’s equal right as a parent, and tries to create an opportunity for involvement. Native communities understand the importance of the Lakota male figure and, as such, are making greater efforts to actively include and engage fathers, grandfathers, and other male kin.

Overall, while the impact of these lessons and desired changes might be viewed as far-reaching, tribal stakeholders hope that FGDM and other forms of family engagement will lead to fewer child placements in out-of-home care. With proper implementation of FGDM, decisions about the future of a child’s life can be made more efficiently, equitably, and with less sanctioning of the family unit.

Implications

Given the vast diversity of tribal communities and programs, the tools presented above will not be useful to every community interested in implementing and evaluating an FGDM process. Instead, these groups will likely want to adapt the evaluation materials to meet their needs. The hope is that the tools and the processes outlined support the path toward the successful implementation of a community-based effort to preserve families.

Tribal organizations routinely cite a lack of both accurate data and useful program evaluation as barriers to effective programming. While there are significant needs for Native American people living on and off the reservation, there are also innovative programs being built to address these needs. As tribal child welfare programs continue to expand their services to families, it is critical that the assessment of these services not come solely from outside entities. The legacy of non-indigenous research described above underscores the need to build internal evaluation capacity by involving indigenous practitioners and community members in the evaluation process. Participatory research is particularly relevant to building this capacity as its “ultimate goal is to empower communities to assume ownership of research processes and to utilize the results to improve their quality of life” (Davis, 2002, p. 12).

This is an important time for native child welfare programs given recent legislation (2008 Fostering Connections to Success and Increasing Adoptions Act; P.L. 110-351) that has opened the door to direct Title IV-E funding for tribal child welfare services. Not only is this a step closer to authentic government-to-government interaction between federal/state and tribal governments, it also represents an opportunity for tribal programs to begin moving toward indigenous models of service delivery and, if done intentionally, greater within-community capacity to evaluate services.

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Best Outcomes for Indian Children

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The Wisconsin Department of Children and Families and the Midwest Child Welfare Implementation Center are collaborating with Wisconsin's tribes and county child welfare agencies to improve outcomes for Indian children by systemically implementing the Wisconsin Indian Child Welfare Act (WICWA). This groundbreaking collaboration will increase practitioners' understanding of the requirements of WICWA and the need for those requirements, enhance communication and coordination between all stakeholders responsible for the welfare of Indian children in Wisconsin; it is designed to effect the systemic integration of the philosophical underpinnings of WICWA.

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In December 2009, Governor James Doyle signed the Wisconsin Indian Child Welfare Act, signaling the end of a historic collaborative effort to enact the law and marking the beginning of a new initiative to effectively implement it. Like the work that led to enactment of the statute, the work required to effectuate it requires the involvement of stakeholders with very diverse views and interests. However, this group has a common goal to which all members are committed: to achieve better outcomes for Indian children in Wisconsin. The Midwest Child Welfare Implementation Center, a member of the Training and Technical Assistance network of the Children's Bureau, is privileged to assist the 11 tribes, the state of Wisconsin, and its project partners in a four-year implementation project toward the achievement of that goal. This article describes the early years of that journey and the plan for its current segment, which is in progress.

Historical Status of Indian Children in Wisconsin

Like other states, Wisconsin has historically not fully complied with the federal Indian Child Welfare Act (ICWA). Prior to the passage of the ICWA in 1978, witnesses testified during Congressional hearings that Indian children in Wisconsin were 1,500 times more likely than non-Indian children to be involuntarily placed out of their homes (Association on American Indian Affairs [AAIA], 1977). Wisconsin had the fourth-highest rate of Indian children in out-of-home placements (AAIA, 1977): "The underlying premise of the [federal] ICWA is that Indian tribes, as sovereign governments, have a vital interest in any decision as to whether Indian children should be separated from their families" (Carleton, 1997, p. 27).

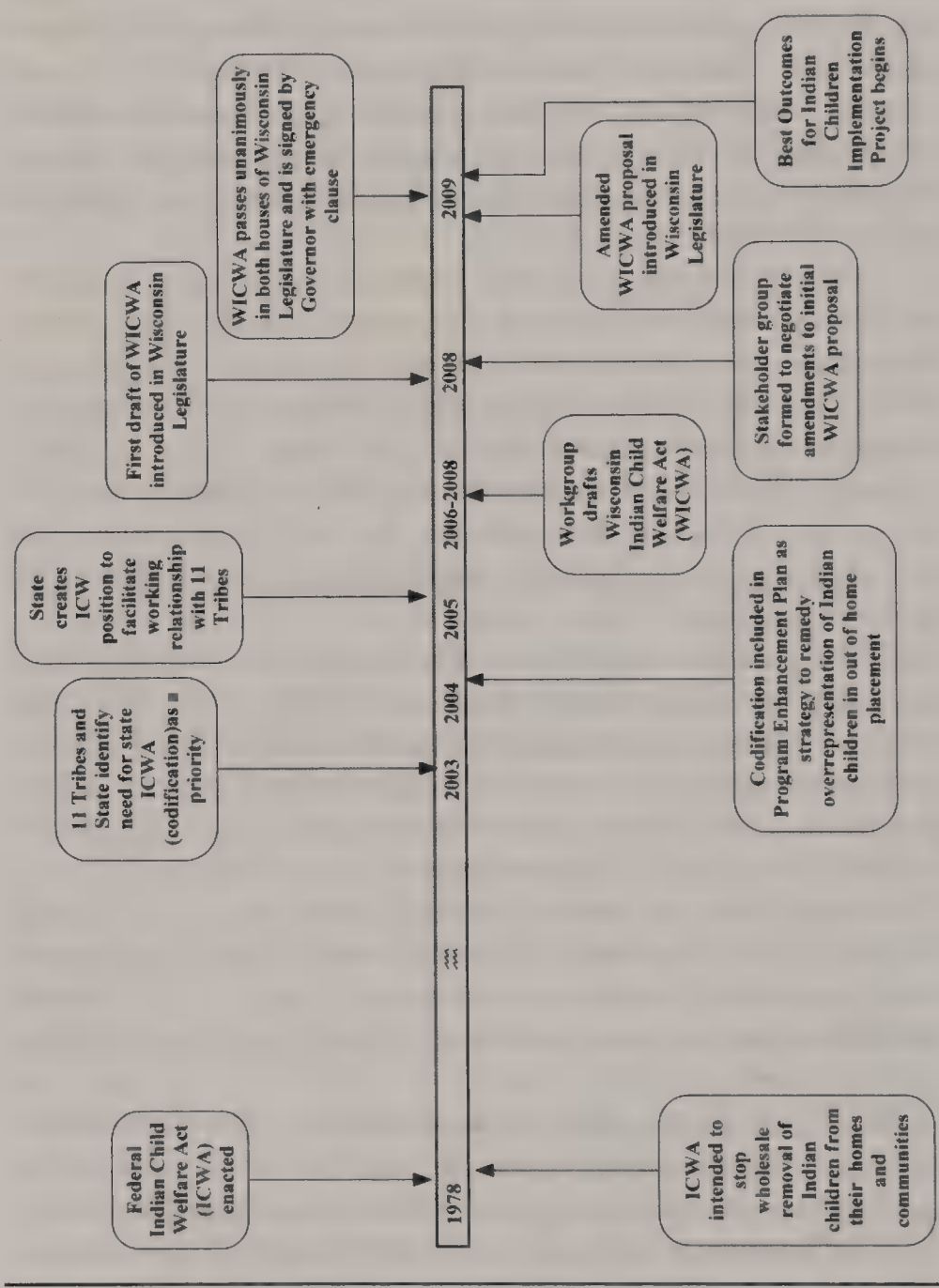
Over thirty years later, the disproportional removal of Indian children in Wisconsin continued: A study published by the National Council of Juvenile and Family Court Judges (2011) compared disproportionality rates in Wisconsin from 2004 to 2009. The study found Wisconsin in the top seven of all states for the disproportional foster care placement of Native American children in 2009, an increase in disproportion since 2004. This disparity was a driving force for the need to codify the ICWA into Wisconsin law.

To address this state of affairs, Wisconsin enacted its own Indian Child Welfare Act, referred to as “WICWA,” in 2009. Passage of this statute was the result of years of inter-jurisdictional and inter-agency collaboration of historic dimensions (Figure 1). Dedicated professionals from the 11 Wisconsin sovereign tribes and from state, county, and private agencies were involved in the unprecedented effort to achieve better outcomes for Indian children (see Appendix for list of tribes).

As early as the fall of 2005, the Wisconsin Department of Health and Family Services’ Division of Children and Families (DCF) began initial discussions with tribal representatives to design legislation to codify the federal Indian Child Welfare Act into state law. A workgroup of tribal social services directors and Indian child welfare staff, tribal and DCF attorneys, and DCF staff began the arduous process of drafting the legislation. The workgroup met monthly and performed in-depth legal research and analysis of ICWA cases from state and federal courts to learn about areas of conflict that consistently appeared in appellate court decisions. The workgroup also examined the Indian child welfare laws of other states to identify statutory provisions that seemed difficult for practitioners and courts to interpret and apply. Attempting to clarify those areas, the workgroup completed several drafts of the bill, and in May 2007 submitted a consensus draft to various stakeholders for comment and responses. The stakeholders identified a number of specific issues requiring further discussion and refinement. Consensus was reached on a final draft bill, which was unanimously approved by both houses of the Wisconsin legislature. Soon after, the bill was signed into law by the governor.

Within weeks after WICWA was enacted, a series of nine round-table meetings regarding the general content of the Act were held in metropolitan and rural communities across Wisconsin. These informational meetings were approximately three hours in length, and provided practitioners with an overview of the purposes and content of WICWA. Approximately 650 stakeholders from diverse child welfare agencies—tribal, county, private, and state—attended this early introduction to the provisions of the new law.

Figure 1
History of WICWA Codification



Support for WICWA Implementation

In 2008, the Children's Bureau established five Child Welfare Implementation Centers to provide states, territories, tribes, and tribal consortia with individualized training and technical assistance to facilitate sustainable systems-change initiatives designed to build the capacities of child welfare systems for improved practice and agency performance. Each implementation center solicited applications for proposed implementation projects from within its geographic service area and partnered with selected jurisdictions to support a number of long-term implementation projects. The Midwest Child Welfare Implementation Center (MCWIC) was funded to support the states and tribes in a ten-state area, including Wisconsin.

In 2009, with the support and guidance of the Wisconsin Intertribal Child Welfare Committee, DCF developed an application for an implementation project. The committee consists of tribal social service directors, Indian child welfare directors, and social workers from all 11 federally recognized tribes in Wisconsin. It is difficult to overstate the historic significance of the state/tribal partnership that resulted in both the passage of the WICWA and the design of this project.

Wisconsin's project application identified four major areas necessary for positive and sustainable systemic change: (1) incorporate the WICWA into regulations, policies, and practice; (2) strengthen the working relationships between tribes, state, and county child welfare stakeholders; (3) increase the knowledge of practitioners in state and county child welfare agencies of the intent, purpose and history of the ICWA; and (4) increase the identification of Indian children covered by the WICWA.

The key result of successfully implementing the WICWA will be the significant reduction of unnecessary removal of Indian children from their families, communities and tribes. That outcome will require uniform and consistent application and interpretation of the Act, establishment of policies and standards integrating the Act, and implementation of consistent case practices reflecting the best interests of Indian children and an understanding of tribes' child welfare roles.

The project approval process included the collaborative development of a logic model and work plan for the project. The logic model (Table 1) was, and continues to be, a planning tool to clarify and graphically display the project's design, relevant resources, and intended impacts. It is also a framework for evaluating whether the project achieved its intended impacts. This collaborative approval process—involving the Children's Bureau, MCWIC, and DCF—was an iterative process of refinement and clarification, designed to ensure that the project results in sustainable system change that improves outcomes for children and families. (Iterative processes consist of repeated rounds of analysis, designed to bring a final decision closer to realization with each successive round.) The resulting logic model and work plan are regularly reviewed by MCWIC and Wisconsin project staff to assess fidelity to the logic model and progress on the work plan. They are modified by mutual agreement when necessary to achieve intended system impacts. The four-year "Best Outcomes for Indian Children" implementation project began in October 2009 and will conclude in September 2013.

Though several states have codified the Indian Child Welfare Act in some form,¹ the authors are unaware of any state beyond Wisconsin that has utilized an implementation project to assist with the systemic statewide integration of the new law. As a result, there is a lack of data on statewide implementation of ICWA codification.

Using Implementation Science to Inform Project Structure

MCWIC's conceptualization of effective systemic change is derived from both the National Implementation Research Network (NIRN) (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005) and Kotter's (1996) theory of organizational change. Using this framework, MCWIC identified the critical elements (in the language of NIRN,

1 Based on statutory research compiled by the authors, the following states have codified ICWA in some part: Alaska, California, Iowa, Minnesota, Montana, Nebraska, Oklahoma, Oregon, and Washington.

Table 1
Abbreviated Logic Model

Inputs WICWA Staff & Staff Training	Short Term Outcomes WICWA project staff hired and trained	Long Term Outcomes County child welfare staff and other stakeholders comprehend WICWA and tribal child welfare policies	System/Child & Families Impacts Uniform interpretation and consistent application of WICWA
Advisory Board	Advisory board reviews and recommends implementation standards and practices	Child welfare system will have increased understanding of the history and purpose of WICWA	Child welfare system reflects WICWA integrated policies and standards
State to Country Integration	Tribes and counties consulted regarding WICWA implementation	Increases in: Identification of WICWA eligible children; formal notices to tribes; adherence to placement preferences, and documentation of WICWA compliance	County child welfare agency practice reflects understanding importance of Tribal role
Policy Development	Revision of existing WDCF administrative rules & program standards	WICWA requirements integrated into WDCF Administrative Rules and Program Standards	WDCF case practice will reflect best interest of the Indian child.
County Training and Technical Assistance	County child welfare staff training delivered & TA provided by WICWA facilitators	Increases in: Identification of WICWA eligible children; formal notices to tribes; adherence to placement preferences, and documentation of WICWA compliance	Increased number of cases with active efforts and tribal connections maintained
Communication & Coordination	Mechanisms and models for communication among child welfare system stakeholders established	Strengthen the working relationships between state, county, tribal child welfare agencies, adoption agencies, and state and tribal courts	Unnecessary removals of Indian children are reduced and permanency outcomes are founded in tribal standards

“implementation drivers”) needed to support and sustain implementation, as well as the key stages to be expected in the project’s progression. These stages include:

- *Exploration*, in which Wisconsin analyzed data, engaged stakeholders, identified state-specific strengths, and identified the creation and implementation of WICWA as one of the major developments best suited to “ensure the best outcomes for Indian children in out-of-home care;”
- *Program installation*, which consisted of securing the necessary resources to facilitate the implementation of WICWA;
- *Initial implementation*, which is when practitioners start to acquire and use the knowledge, skills, and abilities needed to fully and consistently apply WICWA;
- *Full operation*, the project’s current stage, which occurs when project personnel, tribes, counties, and other stakeholders are working collaboratively to effectively implement both the letter and the spirit of WICWA; and finally,
- *Innovation*, which will be the period when a full evaluation of the approach is available and regularly analyzed to modify the application of WICWA, including necessary changes in the statute, policy, and practice to achieve best outcomes for Indian children.

Implementation drivers (or components) consist of processes, tasks and tools designed to improve practitioner competence and to create a systemic environment that can successfully support a new program or practice. Generally, these drivers fit into one of three categories: competency, organization, and leadership. The competency category of drivers includes the selection, training, coaching, and performance assessments for practitioners using the new approach. Drivers in the organization category include decision support data systems (assessing key aspects of the organization’s performance), facilitative administration (e.g., policy analyses, procedural changes, and funding allocations that support the change effort), and systems interventions (the alignment of supportive influences across multiple systems and levels of systems). The leadership driver category refers to both adaptive and technical leadership, insuring fidelity to

the new practice and sustainability of the approach (Metz, Blasé, & Bowie, 2007).

Sustainability, which is the embedding of effective practice of WICWA within and across multiple relevant systems in Wisconsin—is planned for during every stage of implementation. Through utilization of this framework, the project will contribute to the general body of knowledge regarding the implementation of Indian child welfare protections. The strengths and challenges learned through this approach may be instructive to other jurisdictions' attempts to achieve outcomes and system impacts similar to those identified in this project.

Stakeholder Engagement

One critical aspect of the systems intervention component (or driver) of successful systemic change is the active engagement of stakeholders. Once relevant stakeholders are identified, they must be informed about the planned intervention: what it is, why it is necessary, how it will be installed (put in place), and how stakeholders might contribute to the process. Finally, effective stakeholder engagement involves a process of "iterative consultation" (International Finance Corporation, 2007, p. 34) with and among key stakeholders.

Identification of stakeholders was, in this instance, an organic aspect of the process begun in 2004, when Wisconsin's Intertribal Child Welfare Committee made codification of a state ICWA a legislative priority. As progress was made towards the realization of this priority, the identified community of child welfare practitioners expanded.

Recognizing the criticality of authentic stakeholder engagement to successful implementation, project staff proposed the development of the WICWA Advisory Board (Advisory Board) to monitor, modify, and support attainment of the goals and objectives of the project. The Advisory Board represents the diverse community of Wisconsin child welfare practitioners, including tribal child welfare directors and attorneys, county child welfare agencies, the Bureau of Milwaukee Child Welfare (in Milwaukee County, child welfare services are state-administered, and are county-administered in all other Wisconsin

counties), Wisconsin's state court system, DCF, private agencies, and attorney-based agencies.

Logistic support for the Advisory Board is provided by DCF. Its membership is required to be cross-jurisdictional (tribal, county and state) and multi-disciplinary, representing the various disciplines responsible for the continuum of the child welfare process in Wisconsin.

The Board's members are committed to successful implementation of WICWA, and take an active role in making recommendations for cross-jurisdictional actions necessary to achieve true system-wide change. The Advisory Board meets quarterly to review the project's progress toward the outcomes and system impacts identified in the project's logic model and work plan, provide guidance to project staff, identify resources needed to address any barriers to implementation, and to make recommendations to DCF regarding changes to practice standards and policy necessary for successful implementation of WICWA.

Project Staff

Prior to WICWA's enactment, core stakeholders recognized that child welfare practitioners would require significant targeted supports to enable them to uniformly and consistently implement WICWA. Therefore, provision of technical assistance to practitioners regarding the intended purposes of WICWA, as well as its proper application, was an early planning priority. The implementation project included funding for the creation of three key on-site staff positions devoted to providing technical assistance—a project coordinator and two facilitators. These project staff positions are responsible for: establishing working relationships with counties within their assigned region; attending regional supervisor meetings; proactively reaching out to counties to identify county-specific WICWA needs; developing technical assistance modules to address those needs; and delivering or coordinating the technical assistance necessary to address those needs.

Recognizing the importance of tribal involvement in the project, DCF decided to subcontract with a tribe to provide the administrative

infrastructure to support these three positions. With the support of the other ten Wisconsin tribes, the Ho-Chunk Nation accepted the sub-contract. It was also important to maximize the accessibility of the implementation staff to facilitate direct contact with county and tribal child welfare agencies. Thus, office locations for these staff were established at the St. Croix Chippewa of Wisconsin in the northwest area of the state, the Stockbridge-Munsee Band of Mohican Indians in the northeast, and the Ho-Chunk Nation in west-central Wisconsin.

Additionally, all parties recognized the importance of tribal membership as a requisite for these professionals. There is a history of miscommunication and mistrust between the Wisconsin tribes and the state/county governments, as in many states with Native American populations. These implementation staff must understand this history to assist in achieving the project's goals of improving communication and cooperation between tribal and state/county child welfare agencies and practitioners. Developing the job descriptions and qualifications for implementation staff, then hiring and training them are elements of the selection component of successful implementation.

The project coordinator and facilitators have the flexibility to respond statewide to the unique needs of the county agencies, based upon a variety of needs assessment strategies, ranging from analyses of county-level aggregate data from the state's automated child welfare information system (known as eWiSACWIS), referrals, or county self-identification. Over time, trends in requests for technical assistance and training provided by these implementation staff will be tracked and will serve as an additional source of needs assessment data to inform the development of other resources and supports.

Primary Implementation Components

The plan for implementation of WICWA is focused on a number of essential interventions: training for multiple levels of practitioners; technical assistance to county and tribal child welfare agencies; development of resources, tools, rules, and policies; and data system modifications. A more detailed description of these on-going activities and

tasks is set forth below. Together, these components provide the systemic supports child welfare practitioners need in order to carry out the provisions of the law.

Training for Multiple Levels of Practitioners

Training is a critical component of successful implementation. The WICWA training curriculum is focused on application of the law to social workers' job responsibilities. Development of this new curriculum took almost a year, including pilot training, an extensive review by an Advisory Board subcommittee, and the integration of revisions representing tribal, legal, and practitioner perspectives.

The final WICWA curriculum consists of eight interactive and engaging modules, with lecture, small and large group activities, videotape segments, and fictional case examples. The focus is on participant involvement, and trainees have multiple opportunities to apply the material to current cases they may have. Before the project concludes, the WICWA curriculum will be integrated into the state's existing core training program to ensure sustainability. The WICWA curriculum will also be adapted and enhanced to create additional specialized curriculum modules for other stakeholder groups, such as judges, attorneys, and guardians *ad litem*.

Delivery of training using the new WICWA curriculum began in the summer of 2011 at multiple locations in Wisconsin. Training is currently delivered as a two-day session, although each of the eight modules can be presented as a stand-alone session, either in a classroom or webinar (asynchronous) format. According to the Director of the Wisconsin Child Welfare Professional Development System, with a target audience of approximately 2,800 state and county social workers in the state of Wisconsin, providing meaningful training in a manner that fosters learning retention will be a challenge (C. Sieck, personal communication, September 1, 2011). To that end, a variety of strategies for training delivery will need to be considered in the future.

The WICWA training is currently co-trained by teams of two trainers specifically selected for their expertise: a tribal trainer who currently works for a tribal social service agency and a non-tribal

trainer with both county and tribal social service work experience. The trainers are encouraged to share their personal perspectives to enhance the training. The use of co-trainers was a targeted strategy designed to effectively model the cooperative communication that can occur between county and tribal social services, and which is an essential prerequisite for successful implementation of WICWA.

Technical Assistance to County and Tribal Child Welfare Agencies

In addition to the initial WICWA training, stakeholders identified a need for county and tribal child welfare agencies to receive ongoing, individualized technical assistance to enhance and build upon concepts presented in training, to provide more in-depth specialized knowledge, and to provide a forum for within- or cross-agency dialogue on local implementation issues. In this project, technical assistance is comprised of two implementation components—training and coaching. The focus of this intervention strategy is on providing social workers and other local practitioners (judges, attorneys, providers) with the information they need regarding the new law and how to effectively apply WICWA in their work.

The primary role of the three dedicated project implementation staff will be to solicit and respond to requests from the field for technical assistance, which will be delivered via email, telephonic, or on-site sessions, individualized to the needs of the requestor agency. Project staff is developing an electronic request form for social workers to ask specific practice-related questions and to request technical assistance. This instrument will be located in the eWiSACWIS system to maximize its accessibility to practitioners across the state. Early requests from county child welfare agencies indicate interest in this customized technical assistance: out of eight initial training sessions held in 2011, six have resulted in requests for additional technical assistance or follow-up training sessions.

Development of Resources, Tools, Rules and Policies

Another critical source of support (or *facilitative administration*) for WICWA implementation has been the development of resources, tools, policies, and administrative rules to support desired practice.

Providing tangible materials—desk aids, handouts of presentations, and supplementary WICWA material such as historical information about Indian child welfare—encourages practitioners to reference these materials in their everyday case practice, which is particularly helpful to reinforce newly learned skills. Promulgation of new administrative rules or policies is an essential step in assuring that expectations are clarified and sustained.

The *WICWA Desk Aid* is a laminated, four-page reference guide that was created to succinctly summarize the requirements of WICWA at each step of Wisconsin's child welfare continuum. It includes a listing of contact information for Indian child welfare departments in all 11 tribes. Approximately 5,500 copies of the desk aid have been disseminated to social workers and other stakeholders across the state, and it is also available on the DCF website found at <http://dcf.wi.gov/publications/pdf/2536.pdf>. Early response to this tool has been encouraging; preliminary data indicate that in the short time since this tool has been disseminated across the state, several tribes have reported an increase in the receipt of WICWA-required notices. Specifically, comparisons of the eWiSACWIS data for the time period of July–December 2010 versus July–December 2011 indicate that the percentage of notifications to tribes documented in eWiSACWIS increased from 8% to 36%. Notice to tribes that an Indian child had been placed in out-of-home care was an area of concern identified by the Child and Family Service Review (Children's Bureau, 2004), and the Children's Court Initiative review (Children's Court Improvement Program, 2011), and is an evaluation outcome that will be assessed on an ongoing basis as part of the project.

A number of other resources and tools are currently in or planned for development, including: laminated WICWA case flowcharts for judges and attorneys; a revision of the *WICWA Desk Aid* that includes information on how to determine if a family qualifies for a public defender; a list of "frequently asked questions" (FAQ) on WICWA on the DCF website; guideline policies for Qualified Expert Witness (QEW) testimony at particular stages of judicial proceedings; and an attorney guidebook on WICWA. In addition, the state will integrate WICWA into its administrative rules and program standards.

Data System Modifications

A final essential component of successful implementation (the decision support data systems component) of WICWA lies in the integration of indicators of desired practice changes into the agency's administrative data systems. Within the first year of WICWA enactment, DCF established new data collection fields within relevant sections of eWiSACWIS, and required social workers to enter evidence of compliance with the new law. For example, if a child is identified as Native, the system requires entry of the name of the tribe; relevant supporting and notice documents are then automatically generated by the system. The system also provides aggregate summary data regarding Indian children placed in out-of-home care in Wisconsin, and data are exportable into excel spreadsheets for ease of viewing and reporting.

Program Evaluation

Project partners worked collaboratively to develop a formal evaluation plan for this initiative, guided by the project logic model. The evaluation plan (another aspect of the decision support data systems implementation component) includes both *process* and *outcome* evaluation strategies. The process evaluation tracks the completion of major implementation activities, such as the creation of a project advisory board, the recruitment and hiring of key project staff, and the provision of relevant training and technical assistance. Mechanisms for providing progress feedback for program improvement have been included. The outcome evaluation assesses the effectiveness of the technical assistance efforts and impacts on child and family outcomes.

The evaluation includes a number of research questions, including the following:

- What are the project outputs (e.g., products/tools created, numbers of staff receiving training or coaching, numbers and types of meetings held, committees formed)?
- Do those individuals targeted for change adopt the new WICWA processes in their work?
- Does case practice become consistent with the new WICWA practice standards?

- In what ways does the organization and system change over time?
- How do child and family outcomes change during the project period?

Each of these primary research questions encompass a number of indicators and utilize multiple data sources, including interviews with key informants, administrative (eWiSACWIS) data, case file reviews, surveys of child welfare staff, and training records. The examples described here illustrate the breadth and scope of evaluation measurement that is underway.

One of the expected systemic outcomes is an improved working relationship between tribal, state, and county child welfare agencies and external stakeholders (e.g., the courts, adoption agencies). Achievement of this outcome will be assessed through the analysis of interviews with key informants from across the system. Other expected systemic outcomes focus on improvement in the identification and documentation of Indian children and the establishment of case practices specific to WICWA. These outcomes will be assessed through an analysis of eWiSACWIS data over the course of the project period, for such variables as:

- the percentage of Indian children's cases with active efforts,
- the percentage of cases maintaining tribal connections,
- the number of ICWA-eligible children, and
- the number of formal notices sent to tribes.

Another set of outcome indicators will be assessed through data collected by case file reviews, including assessment of whether ICWA compliance documentation exists in the case records, and a determination that the permanency outcomes for each child are founded in tribal social and cultural standards. Additional evaluation questions will be informed by data collected through interviews or focus groups of key informants (e.g., DCF representatives, members of the project Advisory Board, and tribal child welfare directors), surveys of child welfare staff, and on-site technical assistance and training records.

Because training is an integral component of the overall project implementation strategy, evaluation of training effectiveness is of

utmost importance. The evaluation plan incorporates the first three levels of Kirkpatrick's (1994) four-level training evaluation framework through assessments of trainee reactions, trainee knowledge, and trainee job behaviors. Specifically, each training event will be evaluated through the use of a trainee reaction instrument, a pre-post training knowledge test, and a post-training follow-up survey assessing trainee's self-reported transfer of learning to their job.

Preliminary results of the trainee reaction measures (Kirkpatrick Level 1) for sessions conducted thus far indicate that the two-day intensive training on WICWA has been well-received by participants. Average trainee satisfaction ratings across sessions have ranged between 4.1 and 5.0 on a five-point Likert scale (5 = Agree/Very Satisfied, 1 = Disagree/Very Dissatisfied) on various dimensions of training content, trainer quality, trainee expectations, and perceptions of the utility of the sessions. Sample trainee comments have included:

- "This should be a mandatory training for all staff and supervisors."
- "Good blend of county/tribal [emphasis]."
- "Real life practice examples were helpful."

Preliminary results of the knowledge testing indicate that training participants have made substantial increases in their knowledge and understanding of WICWA as a result of the training experience (Level 2). Results of a paired-sample *t*-test comparing pre- and post-test scores on the knowledge test revealed a statistically significant difference in the percentage of correct answers from pre- ($M = 67.90$, $SD = 11.91$) to post-test ($M = 82.00$, $SD = 9.71$); $t(51) = -6.96$, $p < .000$. While examination of individual trainee (social worker) job performance measures (Kirkpatrick's Level 3) is beyond the scope of the project, we plan a 3-month follow up with all training participants to assess their self-reported transfer of learning from classroom to case practice. In addition, an assessment of aggregated eWiSACWIS data may permit some tentative inferences regarding the effects of training on agency-level results (Kirkpatrick's Level 4, i.e., child and family outcomes).

Lessons Learned, Recommendations, and New Challenges

Although specific recommendations for successfully resolving barriers will continue to emerge as the project progresses, several lessons are already clear. Though it is possible that some of these lessons are unique to this project, they likely have implications for most cross- or inter-jurisdictional systems change efforts. We present a list of the most significant aspects of what we have learned to date:

- Information does not travel through an organization, or across jurisdictions, in the expected manner. Messages may be ignored, not transmitted, corrupted/degraded/ or misinterpreted. Therefore, communication plans must anticipate these events, and build in sufficient flexibility to permit rapid response to an evolving environment.
- Child welfare practitioners may not recognize the utility of available technical assistance, for a number of reasons: they are rarely involved with Indian child welfare cases; have heavy caseloads; or they lack exposure to or understanding of available data. While project staff “cannot lead a horse to water,” they must learn to “salt the hay.” In other words, practitioners need to see the need for, and want to access, available technical assistance. Establishment of personal relationships, clear and objective presentation and explanation of data, and easy access to technical assistance are all important precursors to the actual delivery of technical assistance.
- Unresolved but unrecognized or unstated historical inter-agency disputes/contention resulting in mistrust obviously creates a serious barrier to the collaboration necessary to effectively implement systemic change. Change agents must create environments for frank discussion, which then must be channeled into energy and motivation for positive change. Overcoming long-standing suspicion is a process, not an event, and must be carefully planned and managed.
- Implementation projects have a finite life span. To accomplish sustainable positive systemic change, stakeholders must

clearly identify, articulate, and prioritize desired outcomes and impacts. Collaboratively designed work plans and logic models are important tools for this process. Stakeholders and project staff must recognize these tools are dynamic, which requires frequent, regular and honest review. Evaluation plans should provide mechanisms for data-informed recommendations for necessary adjustments.

- Systemic change takes time, measured in years rather than months. Project staff and stakeholders must protect each other, and themselves, from losing heart, wearing out, or becoming cynical. Prevention of burnout is beyond the scope of this article, but there is a wealth of useful information available. Burnout prevention should be honestly discussed, built into the work plan, and not taken lightly.
- It takes time for people to accept and trust each other, because stakeholders have distinct and diverse perspectives, based on their professional focus, their personality and their history. Patience, persistence, identification of common goals, acceptance of differences, and willingness to face and resolve conflict are all traits required to accomplish systemic change.

Conclusion

Codification of WICWA, and its effective implementation, grew out of recognition that in Wisconsin, the purposes of the federal Indian Child Welfare Act were not being achieved. The premise of WICWA's design is the need to protect Indian children in a new way. The history leading to its passage reflects the political position of tribal sovereigns in Wisconsin. Systemic integration of WICWA is dependent on the structure of the state child welfare system, and requires that practitioners within that structure understand and appreciate not only the text, but also the spirit and intent of the law. The intent and spirit of WICWA was determined by a community of stakeholders, including social workers from counties and tribes, private, public and tribal attorneys, judicial officers, and tribal, public and private service providers. The three branches of state government also participated in

determining the spirit and intent of WICWA: the legislature, as it unanimously passed the WICWA; the judicial branch, by holding judicial WICWA training seminars, creating WICWA-specific court documents, and ensuring the provision of the act's procedural protections; and the executive branch, the Department of Children and Families, by supporting the achievement of the goals identified by the community of stakeholders.

So, the lengthy and arduous journey to achieving best outcomes for Indian children in Wisconsin is underway. It is a journey well worth taking, and deserving of the commitment and sacrifices of all the dedicated practitioners involved with it. Success will be measured not only in improved compliance with the requirements of the statute, but in strengthened inter-jurisdictional relationships, deeper understanding of the historical dynamics which created the need for Wisconsin's Indian Child Welfare Act, and, ultimately best outcomes for Indian children in Wisconsin.

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Appendix

Federally Recognized Tribes of Wisconsin

The following is a list of the 11 federally recognized tribes located in Wisconsin:

- Bad River Band of Lake Superior Chippewa Indians
- Forest County Potawatomi Community
- Ho-Chunk Nation
- Lac Courte Oreilles Band of Lake Superior Chippewa Indians

- Lac du Flambeau Band of Lake Superior Chippewa Indians
- Menominee Indian Tribe of Wisconsin
- Oneida Nation of Wisconsin
- Red Cliff Band of Lake Superior Chippewa Indians
- Sokaogon Chippewa Community
- Stockbridge-Munsee Band of Mohican Indians
- St. Croix Chippewa of Wisconsin

Native American Indian Child Welfare System Change: Implementation of a Culturally Appropriate Practice Model Across Three Tribal Child Welfare Systems

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Currently, there are 565 federally recognized tribes in the United States who are independent sovereign nations. These tribes have varying capacities to manage and administer child welfare programs. Most provide some type of child welfare service to the children and families within their tribal land. However, there are no national resources to document the number of children in foster care or the extent of abuse and neglect in the families served by tribal child welfare agencies. Information is only known

about those Native American/Alaska Native families and children who are reported to state child protection agencies. Native American children represented 0.9% of all children in the United States in the late 1990s, but they comprised 3.1% of the substitute care population in state-run child welfare systems (Morrison, et al., 2010). Incident rates of child welfare referrals, substantiated referrals, and foster care placement among Native American children and families are relatively high compared to other ethnic groups (Earle & Cross, 2001) but precise interpretation of Native American status is difficult due to variations in child welfare reporting systems (Magruder & Shaw, 2008).

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The Indian Child Welfare Act (ICWA) (P.L. 95-608) passed in 1978 as a response to the high number of Native American children being removed from their homes and placed in non-Native American homes or off their reservations. ICWA reaffirmed the jurisdiction and authority of tribal courts in Native child welfare matters. Upon enactment of this bill, many Native American tribes applied to become the sole jurisdiction for children on tribal land in matters of child protection and well-being. Child welfare services provided by tribal agencies vary based on factors such as federal policy, tribal/state agreements, tribal code, and availability of funding. Funding for tribal child welfare services comes mainly from the federal government but is also often supplemented by tribal funds.

It is thought that tribal child welfare agencies experience similar if not larger numbers of referrals, investigations, and placements per capita as do state agencies. Accurate estimates are not established, but the three tribal child welfare agencies discussed in this article all experienced large caseloads with limited resources received from both tribal and federal funds. Additionally, staff take on multiple roles and are spread thin across programmatic and policy areas. Tribal government turnover (elections occur every two years) can impact the stability of child welfare agency staff. This results in many tribal child welfare agencies not having documented standardized practices and current policies leading to less than adequate services provided to families and children. In the first-ever national assessment of tribal child welfare organizations' strengths and challenges, it was clear that capacity building around the development of articulated practice models was needed across many of the tribal child welfare agencies (NRC4Tribes, 2011).

This article will discuss the use of intensive implementation services (3–4 days per month on-site, plus team status conference calls) over an 18-month period and business process mapping as tactics to develop practice models in Indian Country. The process and implementation of child welfare practices and procedures put into place by the three tribal child welfare agencies resulting in systemic changes will be described in this article. Finally, implications for policy and practice will be discussed.

Implementation Centers

In 2008, the Children's Bureau established five regional implementation centers to work with states and tribes on both specific problems and broad child welfare performance issues. As part of the Children's Bureau's Training and Technical Assistance Network (TTA), the implementation centers focus on employing strategies to achieve sustainable systemic change for better child and family outcomes in child welfare. Implementation centers provide intensive, coordinated, and individualized TTA assistance to state and tribal projects for improving child welfare outcomes by fostering change in organizational as well as direct practice with children and families.

The Mountains and Plains Child Welfare Implementation Center (MPCWIC) is one of the five regional Implementation Centers in the country funded through a cooperative agreement between the Department of Health and Human Services Administration on Children, Youth and Families, and the Children's Bureau. The goal of MPCWIC is to provide in-depth, long-term consultation and support to state and tribal child welfare agencies in order to develop and implement projects for systemic practice changes thus improving outcomes for children, youth, and families. MPCWIC's geographical area covers eleven states and 76 tribes in federal regions 6 and 8 (please see the website for more information, at <http://www.mpcwic.org>).

Tribal Child Welfare Agencies

The three tribal child welfare agencies with which MPCWIC collaborated—all of which have been providing service for more than 20 years—are responsible for the provision of child welfare services traditionally handled by the Bureau of Indian Affairs. Services at each of the tribal agencies cut across all stages, including child protection, case management, foster care, foster and adoption recruitment, tribal courts, and ICWA coordination and collaboration. One agency also provides mental health services to high-risk youth and their families. All three of the tribes reside in rural areas and rely primarily on tribal

resources for referral to services. The tribal child welfare agencies range in staff number from 7 to 15, and all are recognized by their tribe as an independent unit on the reservation. Reports of abuse and neglect come directly to the tribal child welfare agencies and range by agency from 100 to over 700 reports a year. Caseloads vary from serving 10 to 70 families with children in foster care. Additionally, agencies do the recruitment, training, and retention of foster and adoptive families. All three tribal agencies have an active and busy ICWA program.

Tribal Child Welfare Implementation Projects

Although all three tribal child welfare agencies had their individual project objectives and goals, the intervention was the same. The goal of the implementation projects for the tribal child welfare agencies was twofold: the first was to develop and put into practice a documented policy, practice, and procedural manual, which is culturally responsive. The manual would be family-centered, addressing the cultural, physical, spiritual, emotional and mental health needs of children, youth, and families. The second goal was to develop a data-driven decision-making system (management information system) once the policy, practice, and procedures were put into place. This article will be discussing the first phase of the implementation projects: the practice model documentation. Tribal agencies were walked through each stage of service—from intake, to case management, to closure of a case—and each decision-point and practice was documented. During the first phase of the implementation projects, the business mapping model was utilized for the implementation projects for all agencies to integrate the practice model changes throughout all levels of the tribal child welfare system. The practice models incorporated the same federal, state, and tribal compliance requirements and child welfare best practice Standards in each of the practice models. Tribal agency staff incorporated unique components from their traditional values and tribal child codes.

The MPCWIC theoretical framework for providing guidance to states and tribes for initiating and sustaining systems change for

improving outcomes for families and children is guided by the literature and science on implementation published over the past several years (Blasé, Fixsen, Naoom, & Wallace 2005; Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005; Fixsen, Naoom, Blasé, & Wallace, 2007; Proctor, Landsverk, Aarons, Chambers, Glisson, & Mittman, 2009). The tribal implementation projects were planned as a three-year, tailored, intensive, in-depth technical assistance effort covering two phases: the development of a practice model and of a data-driven decision system. The first phase, being informed by implementation stages (Fixsen et al., 2009) is the focus of this article.

The first stage was exploration. During this stage, MPCWIC, in partnership with the tribes, conducted organizational assessments, reviewed the literature on best practices for documenting practice, and established defined goals and measureable objectives for each tribal agency. During the second stage, installation, the business process mapping took place, which will be discussed in detail later in this article. Also during the installation stage, stakeholders were engaged and committees were formed, both to communicate to the tribal community what the tribal child welfare agency was planning and to get feedback from the stakeholder group. The members of the stakeholder groups varied by tribe, but represented tribal council members, leaders in the community, other social service agencies, school personnel, police, and foster youth and parents.

Initial implementation was the third stage. Staff training on the new practice process and procedures took place over a three-day period. Training included use of case scenarios and actual completion of the new forms and templates. Training was followed by coaching staff on the established practices and processes and the use of the forms. Tribal project directors, along with the MPCWIC staff, provided the coaching during the initial implementation. Full implementation of the practice model is underway for phase one of the projects. This stage is being supported with coaching and checks of fidelity to the model, forms, and templates. Sustainability is a stage of implementation infused throughout the life of the projects. The purpose of building capacity among the tribal staff and to have the model well documented is to assure sustainability of the practice model.

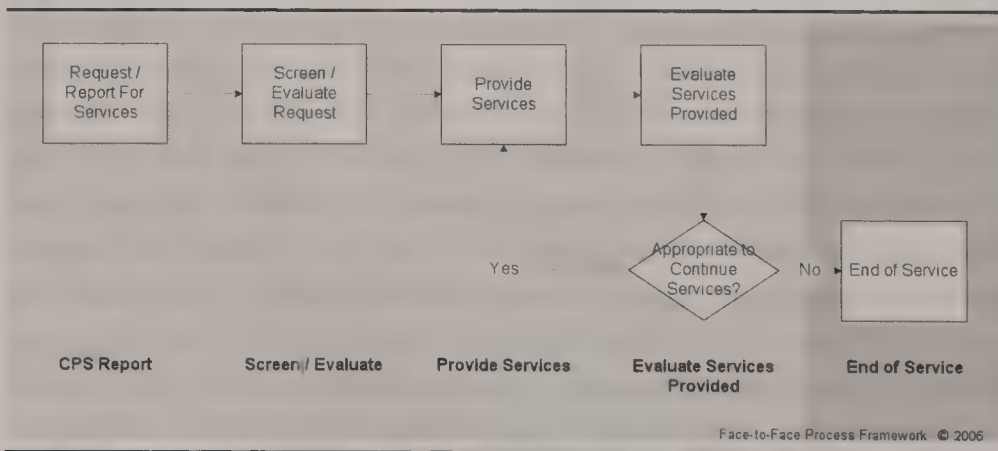
Practice Model: Procedures and Policies Documented

Practice models translate policy into agency-specific service delivery. Defined service delivery not only includes the programs offered, but the methods, assessments, and plans for the delivery of the services. CPS policy and Children's Codes are the documented interpretation of tribal, federal, and state legislation setting the rules and regulations of compliance. CPS policy is written to guide decisions and achieve the desired outcomes, safety and well-being of children and families. Practice models provide the structure and methods to implement agency policy. Using a structured framework to document the stages of service delivery provides a visual representation of the defined practice model. A framework builds the components of mission, vision, and values into an operational structure for the agency to implement.

All three tribes in these projects adopted the basic framework presented below (Figure 1). Figure 1 illustrates the flow of services in a social service agency. The rudimentary stages of receive report/request (intake), evaluate report/request (initial assessment), provide and re-evaluate services, and case closure are common to every service delivery model. Each of the tribal agencies' practice models is different to include cultural, community and agency specific components.

The framework is designed to:

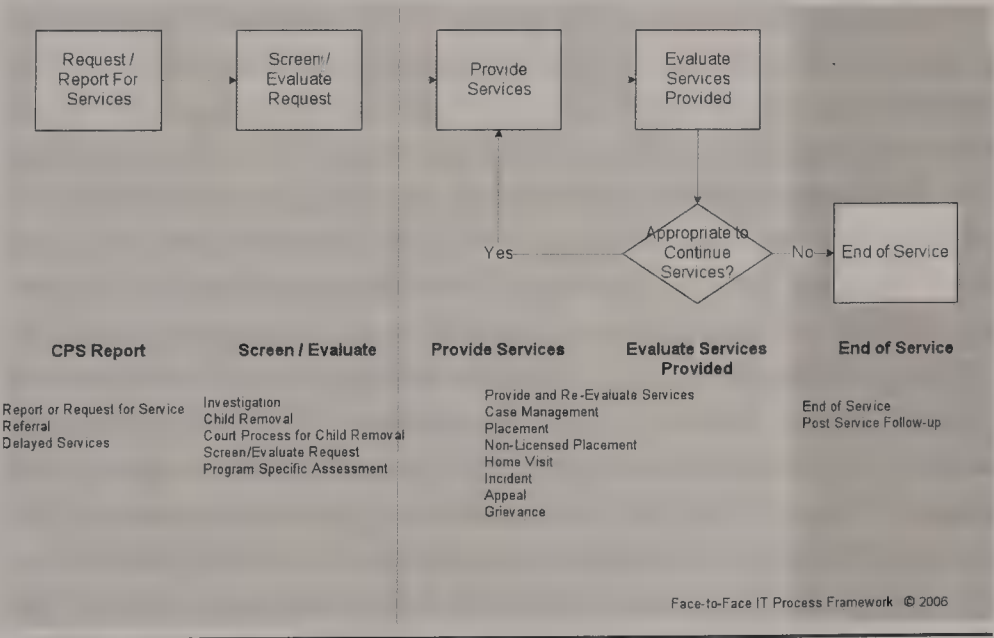
Figure 1



- 1. Provide a structure that allows practice models to be fully operational through process definition.
- 2. Define, simplify, streamline, and standardize practice across all agency programs serving clients in child welfare.
- 3. Define and standardize data collection across all agency programs serving clients in child welfare.
- 4. Provide better and timelier operational, supervisory, management and statutory reporting on clients served.
- 5. Align data collection with Federal standards (Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) and Chafee Outcomes).

This second view of the framework (Figure 2) includes the associated business processes that delineate the step-by-step tasks for service delivery. Figure 2 illustrates at each stage of service the practice or program that may be associated with the stage. As an example, *Provide Services* covers all the services provided by the tribal agency, from case management to foster care placement, to ICWA.

Figure 2



Intervention: Business Process Mapping

MPCWIC worked in partnership with the tribes, community stakeholders, state agency representation, and Face-to-Face Integrated Technologies (IT) consultants to identify the elements of a practice model: agency mission, vision, and cultural community values; practice principles; standards of professional practice; and the strategies, methods, and tools necessary to integrate all of the elements. Business process mapping was the facilitative tool used to walk agency staff through the current child welfare practice and to identify where child welfare practice might be strengthened. The actual mapping sessions, spanning 18 months and hosted by the individual tribes, were facilitated through working meetings in which line staff, supervisors, tribal attorneys, community collaborators, and in some sessions, foster care alumni shared their knowledge and case stories for team discussion on process decision-making. The discussions were focused on taking the best of what works currently in practice and policy, coupled with decisions for areas of improvement to increase effectiveness for the client and efficiency of resources for the agency.

Business process mapping proved to be culturally appropriate, allowing each member to tell his or her story of case practice. Then, the facilitators used mapping icons to visually display practice decisions and action steps. Through the sharing of case stories, practice was documented, gaps were identified, and changes were made, leading to agreement by all staff members that it would become the standard practice for the agency. The documentation is a visual representation that provides collaborating community agencies and tribal government entities with an accurate picture of child welfare practices and services delivered to the community. Initially, when maps were being presented, some tribal agency staff viewed the product as linear and non-cultural; as the sessions progressed, however, staff recognized that the maps actually documented the circle (cycle) of service delivery. The facilitators and scribes during these sessions held true to the methodology that the agency practice decisions were documented according to their case practice stories of what worked best.

The definition of process, in the context of a practice model, is *actionable steps for staff to take to complete their work at the required level of detail for policy compliance*. It is important to note each mapping icon is only a symbol representing practice and policy decisions (Figure 3). Figure 3 gives the basic mapping symbols used in the mapping process.

Figure 3
Standard Mapping Symbols

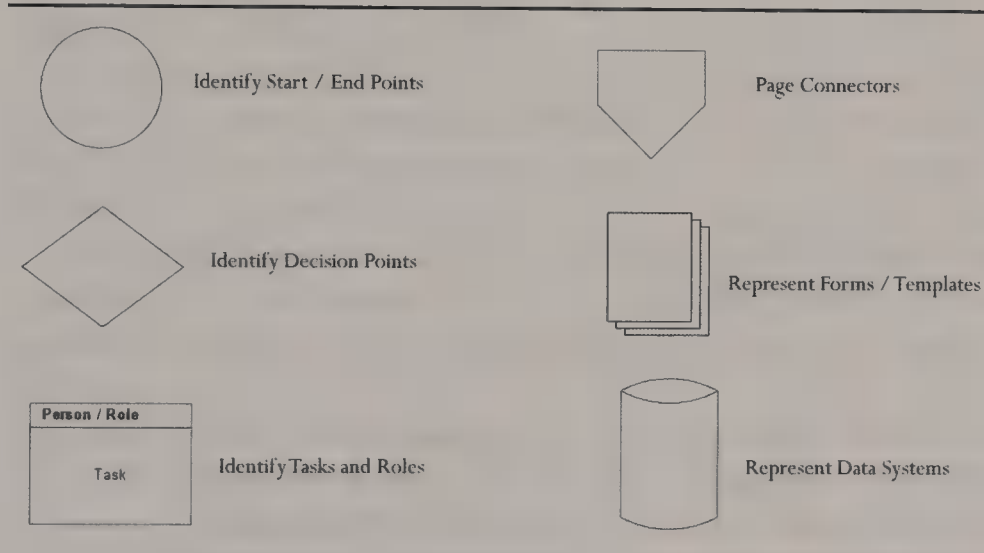


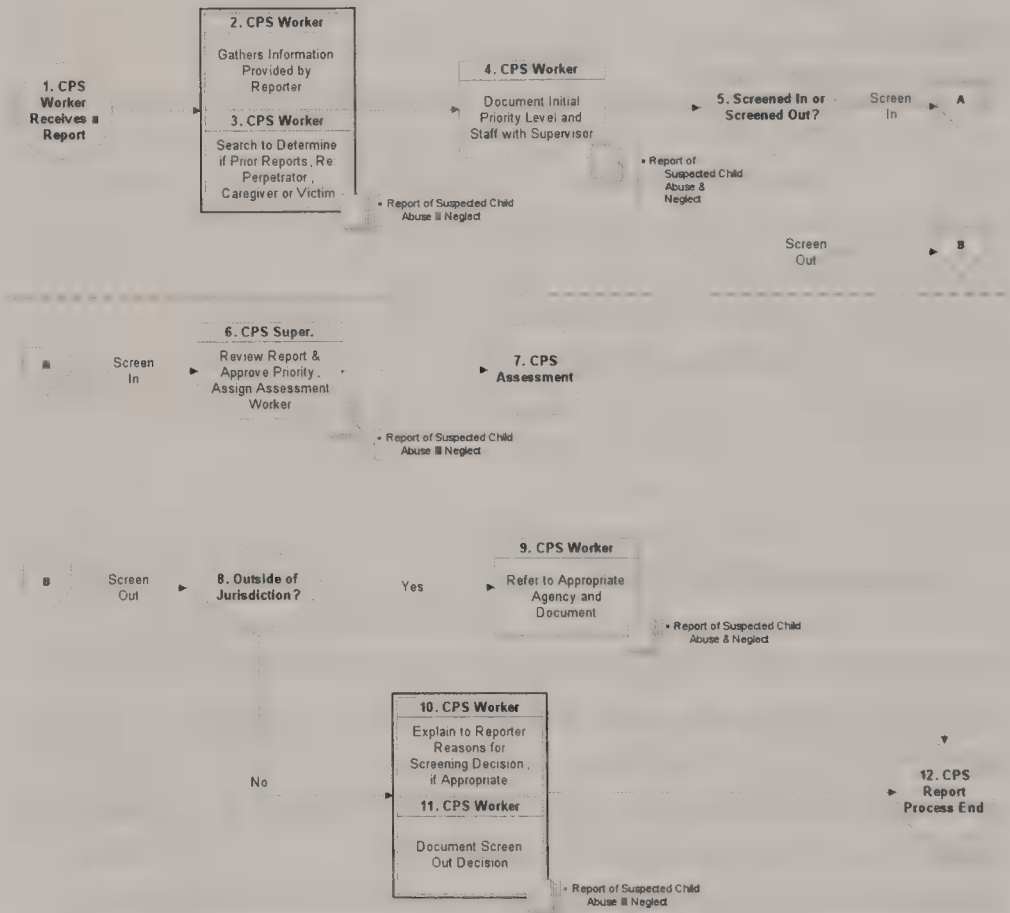
Figure 4 represents an example of practice model documentation. In this diagram, the receiving of a report of abuse and neglect is outlined along with decision points and forms/templates that need to be completed. Using the above icons, the process is clearly stated and fidelity to the process can be documented. Points of reference are elements that run through the entire map.

The mapping illustrated in Figure 4 was achieved by having the three agencies discuss and tell their story of how they take reports of child maltreatment. Through this process, all the staff can critique and decide what is best for the tribal community. Note on the individual process maps presented, the standard forms are referenced that are designed to collect the information needed by the agency for reporting to internal and external stakeholders on service delivery and outcomes. Later in the article it will be discussed how through this process gaps in practice were found and best practices incorporated.

Figure 4
CPS Report Process Map

Points of Reference

1. Any new Report by a Client or Potential Client will trigger this process
2. Information and documentation will vary based upon the nature of the Report
3. Reports may occur via email, fax, phone calls, or in person



The goal of designing a practice model in conjunction with defining the process model is to create the vehicle for the following questions to be answered for the agency once it is implemented:

1. What clients is the agency actively serving? (case counts)
2. What services are provided by the agency? (program counts)
3. What agency resources are being used in providing these services? (staff time and actual dollars spent)
4. What outcomes are the individual clients and program areas achieving? Are these outcomes the agency-desired outcomes?

Strategic scheduling of the sessions allows the agency to actually begin the change management process if they choose. This includes beginning to use some of the redesigned or newly created forms while the sessions are still being conducted. Furthermore, by defining the correct data to be captured at the right time associated with the task during the client service delivery, built-in data points for outcome measurement are created. From the moment of implementation, the identified data (hard copy or soft copy) will be available to track client services.

In preparation for the agency-wide trainings, each tribe provided community-appropriate names for training materials and cultural feedback for the clinical training scenarios. During the training of the practice model, staff applied the case scenarios to the maps in the designated stages of service (assessment, case management, etc.) and completed the relevant form or template. Once the entire training of the practice model was delivered, coaching sessions followed in subsequent months.

The set of process maps are meant to be a living document for the agency and kept current with policy and program updates. One-on-one coaching with the agency project directors with the mapping software, document version control, and change management were provided from the implementation team. To promote capacity-building within the agency CPS teams, individual team members were encouraged to take ownership of the finalized maps for their specific practice area. Included activities, such as final presentation walk-through of maps to the CPS Teams during community outreach sessions, were expected.

The tangible product from the mapping sessions is a fully documented "best process model" including all step-by-step process maps, forms, templates, plans, and data-entry points documented directly to the associated tasks. Examples of all referenced forms and templates are provided in the manual in the chapter sub-sections following the associated map. The process map manual is structured so that it can be used as a solid building block for training, and so that sections can be replicated for desk-aids.

The intangible effects of the sessions are the natural buy-in from the staff because they were empowered to contribute and given decision

making authority. Agency staff is made to feel a sense of pride in their working knowledge and take from the sessions a more comprehensive view of the service delivery to clients. Additionally, they become aware of how their personal documentation of services contributes to the agency in two ways: (1) repeatable quality service delivery to serve children and families in the community, and (2) a well-documented list of services and clients served which is critical to agency funding.

Implications and Discussion

The method of training and technical assistance provided by the implementation project allowed for the level of intensity needed to accomplish the goal of documenting the tribal child welfare practice models. Guided by the stages of implementation, the tribal child welfare agencies, in partnership with MPCWIC, were able to overcome barriers to system change by staying on course and engaging in the process fully. The phases of the implementation project generated the documentation of practice across all stages of service and identified areas where practice needed to change. Child welfare practice impacts will be discussed across all three tribal agencies, as will common challenges experienced through the process. Here are some strong examples of child welfare practice change:

- **Screening:** Initially, one agency operated in a 100% screen-in and 100% initial assessment, meaning that they took every report that came into the agency whether it was related to child abuse/neglect or not—i.e., two children fighting at school. One consequence of this practice was that many community agencies viewed CPS as a first responder to any incident involving a child, including many non-CPS-related events. Following internal decisions, and clarification in policy interpretation, the practice was changed. Accompanying this change in practice was a series of community outreach sessions to the collaborative agencies. These informative sessions were presented by the tribal CPS staff to their peers in mental health, schools, hospitals, and public health. The documentation of the agency's policies, practice, and procedures

through business process mapping validated and gave credibility to the tribes in their presentations. The clarifications were well received, and a significant reduction in non-CPS reports occurred. Within the agency, and equally as important, are the screening procedures that were honed to clear identification of CPS related reports. To continue education in the community, a screen-out letter was created to provide follow-up communication on CPS roles and responsibilities.

- Standardized risk assessment and safety plans were identified when a practice area required improvement during the process mapping stage. Forms were developed based on best practices in risk assessment, identified by the implementation team and in collaboration with the tribal agency staff. Risk assessments and safety plans are now being used consistently and with fidelity.
- While processing the transfer of cases, from the investigation stage to removal to foster care case management, it was discovered that based on paperwork hold-ups, children may be in a foster home for up to four weeks before a worker contacts them or their biological parent. The agency decided immediately to change this practice so that a case manager was assigned right away.
- Clinical supervision was instituted to provide the necessary structure at frequent and regular intervals for coaching staff to maintain fidelity to the defined practice model.
- Team meetings were instituted to provide a framework for ongoing discussion around the practice changes put into place and to provide support.
- One tribe in specific had the goal of not only documenting a cultural practice model but also developing a clinical practice model. After several months of community discussion and cross-analysis of previous truncated attempts to define and document a cultural practice model, the conclusion from the staff was that culture was intrinsic to the practice and service delivery and therefore did not need to be documented.

Conclusions

In any system-change effort, there will be challenges. In the tribal child welfare implementation projects, there were some that were specific to tribal child welfare and some that were more general to the work of implementation. A lesson learned from the more general perspective was that first there must be leadership. Sustained, supportive leadership remains a key element to change. A leader in a position of power who has the will and willingness to try to keep a sustained focused on the work is critical. Equally important is that the tribal child welfare agency be fully aware of the scope of the project and the effort it will take from the agency to complete. It is crucial to help create reasonable expectations regarding the level of commitment, time, energy, and resources toward a major change effort, especially when there is a substantive amount of work to be done in helping shift a culture from a reactive to more proactive and planful approach.

A major change effort requires strong and trusting relationships—within the organization and with external partners. When there has been a challenging history between people or organizations, only time and demonstrating a different behavior will rebuild the trust. This cannot be rushed. Furthermore, there is a constant tension between balancing the need to be responsive to changing circumstances by adapting/changing the plan with the commitment to the agreed upon scope. Also, there is wonderful power, energy and possibility that become evident when champions emerge. These individuals are sometimes not previously identified and often are newer, younger staff who are not as entrenched in the status quo.

Managing time and resources is always a challenge. Implementation work involves the ongoing reality of facilitating a major change effort within an under-resourced, over-burdened system. All staff is committing to be involved in doing this work in addition to their regular, pressing, and often crisis-driven regular workload. Finally, this is a long-term commitment that doesn't always lend itself to tight timeframes and limited resources. It is a goal that must constantly be present and sustained efforts have to be made to teach, support, and facilitate.

In conclusion, there were specific tribal lessons learned. First, state staffs tend to not trust the “work and/or process” will be any different; the staff on the projects with tribes tends to not trust the “people”—but once established, they flow well with the process. Second, it is essential to understand each tribe has a unique identity with different languages, customs, and traditions and to incorporate that identity into the delivery methods. Additionally, it is important to note every general lesson learned in this summary as it relates to the projects with tribal child welfare agencies has additional layers of complexity from the following contributing factors: During observation and analysis of the projects with tribes it has been noted there is a significant gap in the access to technology and technical solutions. The gap is estimated to be more than ten years behind current state access technology resources (in regard to experience, knowledge, IT staff, hardware, and software). Also, as noted earlier, all three tribal agencies are in rural insular communities. Resources are scarce, and being able to access technology thus becomes even more difficult.

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An Examination of the Living Conditions of Urban American Indian Children in Unmarried Families: Increasing Cultural Competence in Child Welfare

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The past 50 years have revealed dramatically shifting trends in the familial structure of American society. When examining these trends, and family research in general, the American Indian family unit has received little to no attention. This study utilized data from the Fragile Families and Child

Wellbeing Study to examine the living conditions of urban American Indian children in unmarried families. Results showed that while these children appear to have a strong start, concerns are raised regarding American Indian mothers' low educational achievement and high incidence of poverty. These concerns can lead to potential issues regarding sustained development that can arise as the children grow. Therefore, child welfare workers must understand these issues and work to ameliorate them in order to provide culturally competent services to urban American Indian families and children.

The past 50 years have revealed dramatically shifting trends in the American institutional family (Bumpass, Sweet, & Cherlin, 1991; Martin, 2006). Five percent of births were to unmarried women in the 1950s, but increased to almost half of all births by 2008 (Cherlin, 2005; Hamilton, Martin, & Ventura, 2010). These numbers are particularly important to various racial and ethnic groups, as recent studies have concluded that approximately 80% of unmarried births in the United States occur among people of color (McLanahan et al., 2003). As a result, the rise in single-parenting and cohabitation has sparked a number of studies regarding the possible outcomes of this family formation. While being born into an unmarried family may predispose a child to several disadvantages, research has been conducted to ascertain whether these disadvantages may be more prevalent among specific racial and ethnic groups (McLanahan et al., 2003; Manning & Smock, 1995; Padilla, Radey, Hummer, & Kim, 2006).

In these studies, and in family research in general, the American Indian family has received little to no attention. The current study utilized data from the Fragile Families and Child Wellbeing Study to examine the living conditions of urban American Indian children in unmarried families. The purpose of this study is to shed light on the issues faced by urban American Indian families, in comparison to white and black families, in regard to family formation, social support, and other background characteristics. Understanding these conditions and their implications on American Indian families and children allows child welfare workers to be better prepared in their efforts to provide culturally competent services to this important group of color. The following sections examine these three areas and their impact on American Indian families.

Family Formation, Social Support and Background Characteristics in the General Population

Numerous scholars report increasing rates of children born to unmarried families (Cherlin, 2005; Bumpass & Lu, 2000; Resnick, Wattenberg, & Brewer, 1994). This trend continues to rise, with cohabitation being one of the most common family formations (Brown,

2000; Goodwin, Mosher, & Chandra, 2010). As the definition of family continues to evolve, researchers are focusing more and more on the characteristics, nuances, and challenges that the unmarried familial formation presents (Amato, Booth, Johnson, & Rogers, 2007).

Among these nuances, social support plays an important role in quality of life issues. Mothers who feel that their basic needs are met are attributed to better parenting (McLeod & Shanahan, 1993). Childcare assistance and emotional support have also been found to lower levels of emotional distress among mothers (Macphee, Fritz, & Miller-Heyl, 1996). Given the importance of social support, it is notable that a perceived lack of support could add to hardships felt by these unmarried mothers (Teitler, Reichman, & Nepomnyaschy, 2004).

When examining background characteristics such as health, education, and poverty, scholars have found a pattern of disadvantage and disparity among individuals living in unmarried families (McLanahan & Sandefur, 1994). For example, many studies have been conducted on the health and health behaviors of women during pregnancy due to the increased health risks to the child (Page, Padilla, & Hamilton, 2010). Research has been published on the negative impacts that smoking, drug use, and alcohol use during pregnancy have on infant outcomes (Cornelius & Day, 2000).

Scholars have also found that children raised in unmarried homes have lower rates of post-secondary school enrollment and are more likely to be high school dropouts (McLanahan & Sandefur, 1994). This leads to increased risk of poverty, as children who are born to unmarried parents make up the largest subgroup of those on welfare (Cauthen, 2005; Resnick et al., 1994). Female-headed families fall at the bottom of the scale for wealth accumulation including assets such as savings and IRAs (Schmidt & Sevak, 2006). Given that society in general associates earning power and employment opportunities with educational achievement, the combination of education and poverty takes a central role in determining many of the living conditions of children in unmarried families. Additionally, the particular impact that these indicators may have on different populations of children in unmarried families warrants further exploration.

Family Formation, Social Support, and Background Characteristics of American Indians

The 2010 U.S. Census showed that 5.2 million (1.7%) adults in the United States identified as American Indian. The American Indian population is heterogeneous, including 565 federally recognized tribes (Bureau of Indian Affairs, 2011). Over two-thirds of all American Indians live in urban areas (Barnes, Adams, & Powell-Griner, 2010; Sandefur & Liebler, 1997). When considering family formation, over 65% of American Indian births occurred to unmarried mothers (Centers for Disease Control and Prevention, 2010). American Indians also have among the highest rates of cohabitation of any racial/ethnic groups (Cancian & Danzinger, 2009). These changes in American Indian family structure have resulted in a number of impacts on American Indian family life.

Scholars have suggested that many social problems faced by American Indians face can be traced back to the boarding school era (Brown, Whitaker, Clifford, Limb, & Munoz, 2000); when American Indian children were sent to boarding schools away from their families, they had little opportunity to learn healthy parenting practices (Lonczak, Fernandez, Austin, Marlatt, & Donovan, 2007). They were not exposed to the traditional teachings or examples of their parents, extended family, and community. Instead they were cut off from their natural support systems and placed in a harsh environment with little affection and poor parenting examples (Lucero, 2007).

These and other factors have resulted in the American Indian population being at risk for many health and substance abuse issues. For example, research has shown that higher rates of substance abuse among American Indians, namely alcoholism, are due to several key factors such as poverty, unemployment, loss of self-esteem, loss of culture, and family separation (National Survey on Drug Use and Health, 2007; Late, 2005; Pedigo, 1983). The U.S. Indian Health Services identified substance abuse as the number one health problem facing American Indians (Garrett & Carroll, 2000).

Few predictors of health and well-being are more powerful than educational attainment and poverty (Shipp, 2000). According to the

2000 Census, 70.9% of American Indians over the age of 25 had completed high school (compared to 83.6% of whites and 72% of blacks). Overall, American Indians continue to be among the lowest racial/ethnic groups in many educational attainment categories (Beaulieu, 2000). As a result, the poverty rate among American Indians with children under the age of 18 in 2006 was higher than that of all families with children under the age of 18 (National Center for Education Statistics, 2008).

While a number of studies have examined a few of these issues individually, there continues to be a lack of research on American Indian families in general and on unmarried American Indian families in particular. Therefore, the purpose of this study was to utilize data from the Fragile Families and Child Wellbeing Study to examine the living conditions of urban American Indian children in unmarried families. Focusing on the areas of family formation, social support, and other background characteristics, this study compared unmarried American Indian mothers to their white and black counterparts.

Method

Data/Participants

This study used data from the first two waves of the Fragile Families and Child Wellbeing Study, a national, longitudinal study designed to examine the characteristics of unmarried parents, the relationships between them and the fathers, and the consequences for children (Reichman et al., 2001). The Fragile Families study follows a new birth cohort of approximately 4,900 children born between 1998 and 2000 (including 3,712 children born to unmarried parents and 1,186 children born to married parents) in 20 cities with populations over 200,000. This study oversampled for unmarried parents. The Fragile Families study uses a stratified random sampling design and when weighted, the sample is representative of all births to unmarried parents in cities with populations over 200,000.

The Fragile Families study first interviewed mothers within 48 hours of birth while they were still in the hospital. Fathers were interviewed either in the hospital or wherever they could be located soon

after the birth. Follow-up interviews were conducted at roughly one year, then every two years afterward. Response rates for the baseline (i.e., first wave) survey were 87% for unmarried mothers (82% for married mothers). The total sample size includes 4,898 mothers.

For this paper, data from urban unmarried American Indian mothers were compared to whites and blacks from the Fragile Families study. Because of the desire to examine unmarried mothers, all those that self-identified as married, regardless of racial background, were not included. As a result, after eliminating those mothers that did not fit the criteria of unmarried and either American Indian, white, or black, the final analysis sample included 176 (5.8%) American Indians, 631 (20.7%) whites, and 2,056 (67.4%) blacks.

Measures

Independent Variables

Racial identification. In the Fragile Families study at baseline, respondents were asked "What is your race?" and given the following choices: (1) White, (2) Black, (3) Asian, (4) American Indian, and (5) Other. The following race measures were recoded and used to compare groups: (1) American Indian, (2) white, and (3) black.

Dependent Variables

Family formation. Three measures were examined to address family formation: relationship status, mother's age, and number of children in the household under 18. Relationship status was measured dichotomously to identify respondents who were cohabiting. The mother's age and the number of children under 18 in the household were continuous measures, and were taken from the baseline data.

Social support. Three measures were used to determine social support—access to social support if needed, neighborhood stability, and assets. Social support was measured dichotomously in three areas and represented proportional affirmative responses, which included whether the mothers expected to have access to any one of three types of support: (1) \$200 of financial help from a family member, (2) emergency childcare or babysitter from a family member, and/or (3) a place to live during the next year. Neighborhood stability was measured by

mothers' responses to two questions: the number of years they had lived in neighborhood and how safe they felt the streets of their neighborhood were at night. The number of years in the neighborhood was recoded in four categories: (1) less than one year, (2) one year, (3) two years, and (4) more than two years. The level of street safety in the neighborhood was recoded in two categories: (1) very safe/safe and (2) unsafe/very unsafe. Assets were measured dichotomously by mothers' proportional affirmative responses to two questions: do you (1) own a car, and/or (2) own a home.

Background Characteristics

Maternal and child health. Three measures were used to determine maternal and child health. The first measure, healthy behaviors during pregnancy, was derived from three questions wherein mothers positively indicated that they participated in any of the following three unhealthy practices during pregnancy: (1) smoking, (2) alcohol use, and/or (3) drug use. Here, dichotomous variables were created from the following three questions: "During the pregnancy, how many cigarettes did you smoke?" "During the pregnancy, how often did you drink alcohol?" "During the pregnancy, how often did you use drugs?"

The second measure, low birth weight, was measured dichotomously where positive responses indicated that the child was classified as having a low birth weight. For the third measure, maternal health at baseline, respondents were asked "How is your health?" and given the options of (1) great, (2) very good, (3) good, (4) fair, and (5) poor. These options were then recoded into the following three categories: (1) great/very good, (2) good/fair, and (3) poor.

Socioeconomic characteristics. Two socioeconomic measures were utilized: education and poverty. Education included eight different categories reflecting the highest level of education completed by the mother, and included: (1) no formal education, (2) less than 8th grade, (3) some high school, (4) high school diploma, (5) GED (6) some college, (7) technical trade school, (8) bachelor's degree, and (9) graduate degree. For this study, these categories were recoded into (1) 8th grade or lower, (2) some high school, (3) high school diploma/GED, (4) some college, (5) technical school, and (6) bachelor's degree or higher.

Regarding poverty, respondents were asked "What was your total household income before taxes in the past 12 months" and given the following choices: (1) <\$5,000, (2) \$5,000-\$9,999, (3) \$10,000-\$14,999, (4) \$15,000-\$19,999, (5) \$20,000-\$24,999, (6) \$25,000-\$34,999, (7) \$35,000-\$49,999, (8) \$50,000-\$74,999, (9) >\$75,000, and (99) no regular work. Data from the Fragile Families study at baseline were collected between 1998 and 2000, and the poverty threshold was accessed for 1999 (see U. S. Department of Health and Human Services, 1999) from which an estimate was taken to utilize the following categories: (1) below \$10,000 = below poverty, (2) \$10,000-\$15,000 = at poverty, (3) \$15,000-\$20,000 = at risk for poverty, and (4) above \$20,000 = above poverty.

Access to healthcare and public assistance. Four measures were analyzed for healthcare and public assistance. The first measure reflected prenatal care in the first three months of pregnancy and was derived from the question "In which month of pregnancy did you 1st see doctor/other health care provider?" Responses were recoded where respondents who visited the doctor during the first three months of pregnancy answered "yes" for having received prenatal care and those who received it after the first three months were classified as "no." The last three measures were dichotomous and examined the percentage of mothers who received one or more of the following public assistance services: (1) rent assistance from federal, state, or local government; (2) income from public assistance, welfare, or food stamps; and/or (3) living in a public housing project.

Data Analysis

Data analysis for this study involved descriptive statistics to describe and compare family formation and social support as well as background characteristics. For these analyses, chi-square/Fisher's exact test were used to analyze differences between unmarried American Indian mothers and their counterparts who were white or black. In order to compare mean differences between American Indians and whites and blacks, independent samples t-tests were conducted.

Results

Family Formation and Social Support

Table 1 contains the percentage of responses, by racial group, to six family formation and social support measures. As can be seen, urban American Indian mothers had slightly lower rates of cohabitation with the father of their child than did whites, but significantly higher rates of cohabitation than did black mothers (56.8% and 39.3%, respectively). American Indian unmarried mothers reported similar numbers of children in their household as did whites and blacks, and were also slightly older than their comparison groups.

Table 1
Percentage Distribution on Family Formation and Social Support for Urban American Indian, White, and Black Unmarried Mothers

	American Indian	White	Black
Relationship Status			
Cohabiting	56.8	61.4	39.3**
Social Support			
Assistance with childcare	89.1	94.1*	92.3
Neighborhood Stability			
Time in Neighborhood			
Less than 1 year	36.3	40.6	31.8
1 Year	19.0	15.2	15.4
2 Years	11.3	9.2	10.4
More than 2 years	33.3	35.1	42.4
Streets safe at night	71.6	86.7**	78.8*
Assets			
Own a Car	40.9	36.0	35.9
Live in an owned home	20.5	32.6**	28.5*
N	176	631	2056

Chi-square significance levels indicate differences between Native Americans and White or Black. ** $p = <0.01$. * $p = <0.05$.

With regard to social support, urban American Indian unmarried mothers were less likely than were white mothers to believe that

someone would help them with childcare or babysitting (89.1% and 94.1%, respectively). When looking at the length of time lived in the neighborhood, fewer American Indian unmarried mothers, as compared to blacks, indicated that they had lived in the neighborhood for more than two years. Regarding neighborhood stability, significantly fewer American Indian unmarried mothers reported feelings safe or very safe, when compared to whites and blacks. In measuring assets, while urban American Indian mothers were similar to other racial groups in reports of owing a car, they were significantly lower than both white and black unmarried mothers in terms of owning a home (30.5% compared to 32.6% and 28.5%, respectively).

Background Characteristics

Table 2 begins with five measures regarding maternal and child health. When examining smoking during pregnancy, urban American Indian mothers had significantly lower smoking rates than did white and black mothers (9.7% compared to 41.8% and 23%, respectively). Similarly, only 3.4% of American Indian unmarried mothers reported using drugs, which was the lowest of all the racial groups and significantly lower than black unmarried mothers (9.0%). With regard to drinking during pregnancy, American Indians were similar to other racial groups.

When examining low birth weight of the child, urban American Indian unmarried mothers reported significantly lower rates of low birth weight as compared to black mothers (7.0% compared to 14.4%). While American Indian mothers reported significantly lower great/very good maternal health than did white and black mothers (51.7% compared to 68.1% and 66.0%, respectively), they also reported significantly higher rates in good/fair health than did their white and black counterparts (47.2% compared to 31.5% and 33.5%, respectively).

With regard to highest level of education received (see Table 2), urban American Indians nearly quadrupled their white counterparts and were 10 times the rate of black mothers for those whose highest educational level was less than 8th grade (20%, 5.2% and 1.9% respectively). A significantly higher proportion of American Indian unmarried mothers reported having some high school (49.7% compared to 27.4% and 34.8% respectively) but their rates were significantly lower

than those of their white and black counterparts in achieving a high school/GED degree.

Table 2

Percentage Distribution of Background Characteristics for American Indian, White, and Black Unmarried Mothers

	American Indian	White	Black
Health behaviors during pregnancy			
Smoking	9.7	41.8**	23.0**
Drug use	3.4	6.1	9.0*
Alcohol use	10.2	8.9	11.2
Low birth weight	7.0	10.9	14.4**
Maternal health			
Great/very good	51.7	68.1**	66.0**
Good/fair	47.2	31.5**	33.5**
Highest level of education achieved			
Less than 8th grade	20.0	5.2**	1.9**
Some high school	49.7	27.4**	34.8**
HS diploma/GED	16.0	36.3**	36.9**
Some college	11.4	22.3	20.2
Tech trade school	1.1	3.8	3.0
Bachelor's or higher	1.7	4.9	3.2
Poverty Level			
Below poverty	43.0	20.4**	40.6
At poverty	17.4	12.4	11.9
At risk for poverty	9.1	10.6	8.6
Above poverty	30.6	56.5**	38.9
Prenatal care first 3 months of pregnancy	74.3	80.6	77.5
Rent assistance from government	10.2	7.3	19.7**
Income from public assistance	38.5	41.0	48.2**
Public housing	9.1	4.4*	17.4**
N	176	631	2056

Chi-square significance levels indicate differences between Native Americans and White or Black. ** $p = <0.01$. * $p = <0.05$.

When examining poverty, urban American Indian unmarried mothers were similar to blacks in each area but were significantly different from whites in two areas (see Table 2). First, a greater proportion of American Indians reported living below the poverty threshold established for this study (43% and 20.4%, respectively). Second, significantly fewer American Indian mothers reported living above the poverty threshold (30.6% and 56.5%, respectively). With regard to access to healthcare and public assistance, four measures were examined (see Table 2). For the first measure, prenatal care during the first three months of pregnancy, no significant differences were found between urban American Indian unmarried mothers and whites and blacks. Regarding the next three measures—rent assistance from the government, income from public assistance, welfare, food stamps, and public housing—significantly fewer American Indian mothers reported receiving assistance than did black mothers. For the final measure, public housing, American Indian mothers reported significantly higher rates than did white mothers (9.1% compared to 4.4%).

Discussion

The purpose of this study was to examine the living conditions of urban American Indian children in unmarried families, specifically focusing on the areas of family formation, social support, and other background characteristics. Results of this study point to five primary patterns. First, with one exception, American Indians were similar to whites and blacks in family formation. While American Indian mothers did show higher rates of cohabitation with the child's biological father than did black unmarried mothers, their rates were similar to those of whites. This is somewhat consistent with existing literature (Cancian & Danzinger, 2009) and has implications on the stability of the family unit for child welfare workers. Research has found that these relationships are relatively unstable and will likely dissolve within two years (Bumpass & Sweet, 1989). As these relationships dissolve, the absence of the father in the home is becoming one of the greatest social problems facing American Indian families (White, Godfrey, & Moccasin, 2006). Initiatives to promote

the father's presence in the home bear the potential of positively affecting the living conditions of these American Indian children.

Second, results showed that urban American Indian mothers were the least dependent on many social support measures. From this, it would be expected that an increased measure of strain would be placed on these urban American Indian unmarried mothers (Macphee et al., 1996). The lack of stability and safety would likely play an adverse role in the overall quality of life for the children born to these mothers as they continue to grow. Many of these urban mothers would have moved away from their familial systems of support, and it would be imperative for child welfare workers to help reconnect them to resources that once existed. One option might be the local Indian walk-in center or other urban organization specifically designated to assist urban American Indians.

The third pattern of results showed that the children of urban unmarried American Indian mothers most likely benefited from their mothers' abstinence from several negative health behaviors during pregnancy. These included smoking and using drugs. This finding is somewhat surprising, as much research has found that American Indians use these drugs at higher proportions than other races (National Survey on Drug Use and Health, 2007).

The fourth pattern of results showed that roughly one in five urban unmarried American Indian mothers had less than an 8th grade education. Further, only 30% of the American Indian sample had a high school or above degree—the lowest percentage of any group. It is not, therefore, surprising that American Indian unmarried mothers were more likely to live below or at the poverty level established than whites or blacks. As stated previously, 28% of children born to unmarried families were below the poverty line (Padilla et al., 2006). These findings also support the assumption that being born to an unmarried American Indian mother may have a greater impact on living below poverty than simply being born to an unmarried mother.

The impact of poverty and low educational attainment may predispose children born to unmarried American Indian mothers to a variety of difficult living conditions. A large portion of the efforts

geared toward this population would be justifiably spent in promoting education among mothers and children in an effort to change this pattern. Child welfare intervention in this area is particularly important given the trend that children born to unmarried families often have lower rates of high school graduation (McLanahan et al., 2003).

Finally, despite the relatively healthy start provided for children born to unmarried American Indian mothers, they reported low rates of receiving public assistance. Clearly, unmarried American Indian mothers in this sample did not access all of the public assistance programs that were available. This indicates a need for further research and intervention strategies to determine how to increase the accessibility of these benefits to urban unmarried American Indian mothers and their children.

This study has several limitations, including the discrepancy in sample sizes between American Indians, whites and blacks. The limits of self-reported data also deserve mention, as no information was collected regarding tribal membership or affiliation. Additionally, this study used data taken from large urban areas. Different results may have been found had the study been conducted in a more rural area including those parts of the country with a higher American Indian population.

Conclusion

Research is extremely limited regarding urban American Indian families and children. Further information must be sought out, not merely for information's sake, but as a step toward vital implementation in an effort to improve the living conditions of urban children born to unmarried American Indian mothers. It remains to be seen how the lives of children born to unmarried American Indian mothers will be affected by their mothers' living conditions. While these children appear to have a strong start, given their mothers' healthy habits during pregnancy, concerns are raised regarding American Indian mothers' low educational achievement and high incidence of poverty. These can lead to potential issues regarding sustained development that can arise as the children grow. As a result, child welfare workers must

understand these issues and work to ameliorate them in order to provide culturally competent services to urban American Indian families and children.

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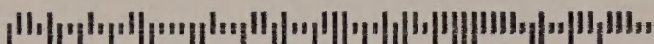
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